**Purpose and Scope**
This plan establishes the requirements for the reporting and reviewing of accidents/injuries at Stephen F. Austin State University (SFASU) and provides basic first aid practices. It is designed to help reduce injuries by reducing unsafe or hazardous conditions and discouraging accident causing unsafe acts or practices. It applies to all SFASU employees and campus locations.

The Environmental Health, Safety, and Risk Management Department (Safety Department) works hard to make sure that SFASU is a safe environment for all of its students, employees, and visitors, but if an accident or injury does occur, it is important to follow the steps given 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 (468-4514).
2. Report all accidents, injuries, and illnesses to your supervisor and the Safety Department at extension 4514.
3. Report any acts or threats of violence to your supervisor and University Police (468-2608).

**Procedure to be Followed for Injury or Accident of an SFA Employee.**
1. The first step is to assure that the injured person receives proper medical care. See the Basic First Aid section of this document for more information.
   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 (468-4514) immediately.
2. If assistance is needed in transporting the injured employee, University Police Department will report to the scene of a medical emergency, provide first aid, and contact an ambulance service. In the case of an emergency located in the outlying campus areas the City Police will respond to the emergency, provide first aid, and contact an ambulance service to transport the injured employee.
3. After the injured person has been properly cared for, the injury investigation procedure should be started promptly. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain until the investigation is completed.
4. Report all after hours injuries to the SFA Police Department (468-2608).

**Procedure to be Followed for Injury or Accident of a SFA Student.**
1. The first step is to assure that the injured student receives proper medical care. See the Basic First Aid section of this document for more information.
   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 (468-4514).
c. Students may also 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, University Police Department will report to the scene of a medical emergency, provide first aid, and contact an ambulance service. In the case of an emergency located in the outlying campus areas the City Police will respond to the emergency, provide first aid, and contact an ambulance service to transport the injured employee.

3. After the injured person has been properly cared for, the injury investigation procedure should be started promptly. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain until the investigation is completed.

4. Report all after hours injuries to the SFA Police Department (468-2608).

Procedure to be Followed for Injury or Accident of a SFA Visitor.
1. The first step is to assure that the injured person receives proper medical care. See the Basic First Aid section of this document for more information.
   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 (468-4514).
   c. Visitors are not covered under any insurance liability policy and may be directed to General Counsel for questions (468-4305).

2. If assistance is needed in transporting the injured visitor, University Police Department will report to the scene of a medical emergency, provide first aid, and contact an ambulance service. In the case of an emergency located in the outlying campus areas the City Police will respond to the emergency, provide first aid, and contact an ambulance service to transport the injured employee.

3. After the injured person has been properly cared for, the injury investigation procedure should be started promptly. To the fullest extent possible, all the conditions, which existed at the time of the accident, should remain until the investigation is completed.

4. Report all after hours injuries to the SFA Police Department (468-2608).

Investigation
Every minor or non-disabling injury will be investigated with the same vigor and thoroughness as serious injuries. A prompt, thorough investigation of any incident, regardless of severity, including "near-misses," is an important part of any good safety program. 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. What is learned from the investigation helps identify and correct problems, contributing to a safe
and hazard free workplace. Investigations should be conducted involving the following circumstances:
1. An accident which results in an employee injury.
2. An incident which results in a "near-miss" is one which "almost" or "could have" resulted in an injury-producing accident.
3. An incident which results in damage to state property.
4. A vehicle collision involving a SFASU vehicle driven by an employee.
5. An occupational illness or disease.

**Review of Accident Investigation Reports**
All Accident Investigation Reports will be reviewed by the Safety Department to ensure that all pertinent information has been documented. The Safety Department will thoroughly investigate the accident. The supervisor of the injured employee or University Police Officer may be appointed to investigate the accident and to submit a report to the Safety Department.

In some cases it may be desirable to secure photographs, drawings, or other exhibits as attachments to the fact finding report so that the facts involved in the accident will be clear. Reports should include detailed statements from all witnesses to the accident, as well as others who can provide information about the accident.

The best method to establish a safe workplace is to study past accidents and worker compensation claims. By focusing on past injuries SFASU hopes to avoid similar problems in the future. Based upon the study of past accidents safety training programs will be implemented. Standard Operating Procedures will be reviewed and modified based upon the study of accident history and investigations.

In addition to historical information, workplace safety depends on workplace observation. Area supervisors are responsible for inspecting work areas, but this does not mean that employees are no longer responsible for inspecting their workplace also. Each day before employees begin work, they should inspect their area for any dangerous conditions. Supervisors should be informed of anything significant, so provisions can be made to protect other employees and guests. Managers must inform employees of any serious dangers of which they have actual knowledge and report them to the Safety Department. Merely identifying the problem is not sufficient. The danger must be reported to the appropriate supervisor and the Safety Department, who then will assist in correcting the problem. If the danger cannot be corrected, then all employees will be warned to take protective action so that the danger will not result in any injuries.

**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 SFASU 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 SFASU 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 (468-4514).

Safety Department
The Safety Department will conduct and guide supervisors in the investigation and reporting process.

All accidents which result in employee injury will be reported to the Safety Department who will complete the Employer's First Report of Injury or Illness (TWCC-1S) according to applicable rules and instructions contained in the Claims Coordinator Handbook, published by the State Employees Workers' Compensation Division, State Office of Risk Management.

Documentation and procedures
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. Depending on the frequency and/or severity of accidents/incidents, the Safety Department will conduct an annual review and analysis of the agency's accident data to determine any trends, either positive or adverse.
3. 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 of according to the agency's approved records retention schedule.

Records
All accident reports will be maintained on file and disposed of according to SFASU’s approved 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:

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 4532 or higginsjk@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
Basic First Aid

1. General Practices
   - Know the location of any first aid equipment in your work area.
   - Depleted items in first aid cabinets should be replenished immediately.
   - Foreign bodies in the eyes shall be removed by medical personnel.
   - All injuries, no matter how slight, must be reported to your supervisor and treated immediately.
   - If an injured person has a known fracture, or if a fracture is suspected, DO NOT move the person until medical personnel arrive. EXCEPTION: If the injured person is in danger of sustaining further injury from fire or toxic gases, movement is justified.
   - First aid treatment of an injured person should not be attempted by untrained personnel unless there is no alternative in an extreme emergency situation.

2. Care of an Injured Person
   - Call for medical help and give the location of the injured person.
   - If the injured can't be moved, send someone to direct medical personnel to the scene.
   - Check for breathing, bleeding, and broken bones.
   - Make the injured person as comfortable as possible and cover to help maintain body temperature.
   - If the injured person is unconscious, remove false teeth, tobacco, gum, etc. from mouth to prevent choking.
   - Loosen clothes of the injured person.
   - Look for signs of shock.
   - Face drained of color.
   - Skin cold and clammy.
   - Rapid, weak pulse.
   - Fainting.
   - Keep onlookers back to allow plenty of air.

3. Treatment of Injuries
   - OPEN WOUND BLEEDING
     a) Put a clean dressing on the wound and apply direct pressure over the wound. DO NOT remove old dressings if more are added. Place new dressing on top of old dressing.
b) If bleeding persists, and there is no evidence of a fracture, a severely bleeding open wound of the head, neck, arm, or leg should be raised above the level of the heart. This action helps reduce the blood pressure in the injured area.
c) Maintain direct pressure over the wound.
d) If direct pressure and elevation does not stop severe bleeding from an open wound of the arm or leg, the pressure point technique may be required. This technique involves applying pressure at a specific point on the arm or leg. There is ONE recommended pressure point on each arm and leg.
e) This technique should not be used unless the bleeding can't be stopped by the direct pressure method.
f) DO NOT use a pressure point in conjunction with direct pressure and elevation ANY LONGER THAN IS NECESSARY to stop the bleeding.

- SHOCK (INJURY RELATED)
  a) DEFINITION: A condition resulting from a depressed state of many body functions. The vital functions are depressed when there is loss of blood volume, a reduced rate of blood flow, or an insufficient supply of oxygen.
b) CAUSES: Shock is caused by severe injuries of all types.
c) SYMPTOMS: EARLY STAGES - Pale (or bluish) skin, cold to the touch and possibly moist and clammy.
   1. Weakness
   2. Rapid pulse (usually over 100) often too faint to be felt at the wrist. It can usually be felt in the carotid artery at the side of the neck.
   3. Increased rate of breathing, possibly shallow, possibly deep and irregular.
d) LATE STAGES - Apathetic and relatively unresponsive because brain is not receiving enough oxygen.
   1. Eyes will be sunken with a vacant expression.
   2. Pupils may be widely dilated.

4. FIRST AID:
   - Objectives:
     a) Improve blood circulation.
     b) Ensure an adequate supply of oxygen.
     c) Maintain normal body temperature.
   - Procedure:
     a) Keep the victim lying down; cover him only enough to prevent loss of body heat; get medical help. The victim's body position must be based on his injuries. Generally, the most satisfactory position for the injured will be lying down, to improve blood flow.
     b) If injuries of the neck or spine are suspected, DO NOT move the victim unless it is necessary to protect him from further injury.
     c) A victim who has severe wounds of the lower part of the face and jaw or who is unconscious should be placed on his side to allow drainage of fluids and to avoid blockage of the airway by vomit and blood. Extreme care must be taken to provide an open airway to prevent asphyxiation.
     d) Place a victim who is having difficulty in breathing on his back, with his head and shoulders raised.
e) A person with a head injury may be kept flat or propped up, but his head must not be lower than the rest of his body. A victim with severe brain injury may be unconscious, but unconsciousness is not in itself a cause of shock unless he also has associated fractures or major wounds.

f) A victim may improve with his feet (or the foot of the stretcher) raised from 8 to 12 inches. This position helps to improve blood flow from the lower extremities.

g) Keep the victim warm enough to overcome or avoid chilling. If he is exposed to cold or dampness, place blankets or additional clothing over and under him to prevent chilling.

h) Do not add extra heat, because raising the surface temperature of the body is harmful.

i) Do not administer fluids to the victim unless trained medical help will not reach the scene for an hour or more.

- **HEAT EMERGENCIES**
  
a) **DEFINITIONS:**
   1. HEAT STROKE: a response to heat characterized by extremely high body temperature and disturbance of the sweating mechanism
   2. HEAT CRAMPS: muscular pains and spasms due largely to loss of salt from the body in sweating or too inadequate intake of salt. The cramps are more severe if the victim has drunk a large quantity of tap water or soft drinks without replacing the salt deficiency, in that case severe mental confusion and even convulsions may develop. Heat cramps may be associated with heat exhaustion.
   3. HEAT EXHAUSTION: a response to heat characterized by fatigue, weakness and collapse due to inadequate intake of water to compensate for loss of fluids through sweating.

b) **CAUSES:** Heat reactions are brought about by both internal and external factors. The temperature of the environment determines the extent of overheating:
   1. The temperature of the body
   2. The amount of air circulating around the body
   3. The amount of moisture in the environment (the humidity)
   4. The kind and amount of clothing worn

c) **HEAT STROKE**
   1. SYMPTOMS: The body temperature may be 106 degrees F. or more. The victim's skin is characteristically hot, red and dry. The pulse is rapid and strong, and the victim may be unconscious.
   2. FIRST AID: Undress the victim and, using a small bath towel to maintain modesty, repeatedly sponge his bare skin with cool water or rubbing alcohol; or apply cold packs continuously; or place him in a tub of cold water (do not add ice) until his body temperature is sufficiently lowered, and then dry him off. Use fans or air conditioners, if available. Drafts promote cooling. If victim's temperature starts to rise again, start the cooling again. Do not give the victim stimulants.

d) **HEAT CRAMPS**
1. SYMPTOMS: Often an early sign of approaching heat exhaustion, if there is a deficiency in both water and salt, the muscles of the victim's legs and abdomen are likely to be affected first.

2. FIRST AID: Give the victim sips of salt water (1 teaspoon of salt per glass), half a glass every 15 minutes, over a period of one hour.

3. Exert pressure with your hands on the cramped muscles, or gently massage them, to help relieve spasm.

e) HEAT EXHAUSTION

1. SYMPTOMS: The body temperature is normal, or nearly normal. The skin becomes white or pale and cool and clammy. The victim may faint, but will probably regain consciousness as his head is lowered and the blood supply to his brain is improved. The victim complains of great weakness, nausea and dizziness, and perhaps cramps.

2. FIRST AID: Give the victim sips of salt water (1 teaspoon of salt per glass), half a glass every 15 minutes, over a period of about 1 hour. Have the victim lie down; raise his feet from 8 to 12 inches. Loosen his clothing. Apply cool, wet cloths and fan the victim; or move him to an air-conditioned room. If the victim vomits, do not give him any more fluids. Take him as soon as possible to a hospital. After an attack of heat exhaustion, the victim should be advised not to return to work for several days and should be protected from exposure to abnormally warm temperatures.