Accident/Injury Reporting and Investigation

Purpose and Scope:
This program establishes the requirements for the reporting and reviewing of accidents/injuries at Stephen F. Austin State University. 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 Stephen F. Austin State University staff, faculty, and campus locations.

The Safety Department works hard to make sure that SFA 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 the Safety and Health Manual.

- Report all unsafe conditions to your supervisor or Safety Department and fill out a Report of Safety or Health Hazard. Report all accidents, injuries, and illnesses to your supervisor.
- Report any acts or threats of violence to your supervisor and University Police.

Thoroughness of Investigation
Every minor or non-disabling injury will be investigated with the same vigor and thoroughness as serious injuries.

Minor or non-disabling injuries occur in a relatively substantial number. Proper and complete investigation of these injuries can be an effective injury prevention tool.

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.
   A. Telephone calls regarding an on-campus medical emergency should be placed to 911. All accidents or injuries should be reported to the Safety Department (468-4514) immediately or students should report to the SFA Health Clinic (468-4008). Any of the above will make referrals when necessary and ensure that 911 has been contacted if needed.
   B. Employees and students may be approved to report directly to the SFA Health Clinic for minor first aid needs.
2. 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.
   A. Telephone calls regarding an on-campus medical emergency should be placed to the University Police Department (911).
   B. 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, UPD will report to the scene of a medical emergency, provide first aid, and contact an ambulance service.
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. Students should go to Student Health Services for assistance with routine medical services.

**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.
   A. Telephone calls regarding an on-campus medical emergency should be placed to the **University Police Department (911).**
   B. 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, UPD will report to the scene of a medical emergency, provide first aid, and contact an ambulance service.

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.

**Procedure to be Followed for Emergency**

**Step 1:** Hall Director should be informed of the emergency.

**Step 2:** Assistant present takes charge of scene.

**Step 3:** Director or assistant designates individual to call **UPD: 468-2608 or 911;** give the following information:
   a. Identify yourself
   b. Give your location and the location of the emergency
   c. Inform them of the type of emergency
   d. Answer all questions in a clear calm manner. Obtain further information from the scene as needed.
   e. Obtain the name of the person you are talking to.
   f. Provide them with the number you are calling them from.
   g. Do not hang up until they hang up. Keep the phone line clear.
   h. Do not leave phone unattended.

**Step 4:** Designated person/UPD will meet the ambulance, “flag them down”, and guide them to the scene; unlock any doors necessary. UPD will help keep bystanders away and scene controlled.

**Review of Accident Investigation Reports**

All Accident Investigation Reports will be reviewed by the Environmental Health, Safety, and Risk Management Department to ensure that all pertinent information has been developed and that remedial action will be taken. In the case of serious or unusual injuries, the Environmental Health, Safety, and Risk Management Department will thoroughly investigate the accident. A fact finding committee may be appointed to investigate the accident and to submit a report to the Environmental Health, Safety, and Risk Management 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 complaints. By focusing on past injuries Stephen F. Austin State University hopes to avoid similar problems in the future. Therefore, whenever there is an accident, and in many cases upon review of past accidents, the victim may be requested to participate in a safety audit interview. During the interview, there will be questions about the nature of investigation and the workplace safety related to the incident. The victim should answer these questions honestly and completely. They should also be encouraged to volunteer any personal observations and/or suggestions for improved workplace safety.

Based upon the study of past accidents and industry recommendations, a safety-training program has been implemented. In addition to other preventive practices, there will be Safety Committee group discussions of the cause of the accident and methods to avoid the type of accidents and injury situations experienced in the past. Work rules will be reviewed and modified based upon the study of these accidents. In addition to historical information, workplace safety depends on workplace observation. Area supervisors are responsible for inspecting their 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 other employees and guests are advised. Employees may also be given written communications regarding unsafe conditions or serious concealed dangers. Employees are responsible to review the communication carefully and adjust their workplace behavior to avoid any danger or hazards. If employees are unclear or unsure of the significance of this written communication, they should contact their supervisor and review the planned actions before starting to work. It is better to wait and check than to go ahead and possibly cause injury to yourself and others.

Managers must provide written notice to employees of any serious concealed dangers of which they have actual knowledge. In addition to providing written notice of all serious concealed dangers to employees, managers are required to report serious concealed dangers to the Environmental Health, Safety, and Risk Management Department.

Merely identifying the problem is not sufficient. The danger must be reported to the appropriate supervisor and the Environmental Health, Safety, and Risk Management 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.

One of the best ways to prevent accidents is to investigate the causes of the accidents/incidents that do occur. A prompt, thorough investigation of any incident, regardless of severity, including "near-misses," is an important part of any good safety program.
Safety investigations should be fact-finding and not faultfinding. The intent is not to blame someone for the accident/incident. Rather the focus should be on finding out what happened, why it happened, and how we can prevent another similar accident from happening. What is learned from the investigation helps identify and correct problems, contributing to a safe and healthful workplace. Investigations should be conducted involving the following circumstances:

- An accident which results in an employee injury.
- An incident which results in a "near-miss" is one which "almost" or "could have" resulted in an injury-producing accident.
- An incident which results in damage to state property.
- A vehicle collision involving a state vehicle driven by an employee.
- An occupational illness or disease, including but limited to: any form of cumulative trauma disorder (i.e., Carpal Tunnel Disorder, back/neck pain, etc.).
- A collision involving a private vehicle driven by an employee on state business.

Responsibilities:

The University Police Department

The University Police Department is responsible for responding to and coordinating the investigation of all accidents and 911 calls that occur on the SFA campus, submitting reports to Environmental Health, Safety, and Risk Management 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.

1. The 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: take immediate action as appropriate to prevent any further injury to an employee or damage to property; and will see that first aid is rendered as appropriate, and/or emergency assistance requested. As soon as practical, the supervisor will notify the agency safety director who will assist the supervisor and Additional Duty Safety Officer in conducting an investigation to include preparation of an accident report form (Appendix D: Investigation of Employee's Accident/Incident)

2. The agency safety director will ensure that appropriate notification procedures are available for the proper and timely notification of agency accidents/incidents. The safety director will also guide and advise supervisors and management in the investigation and reporting process.

3. All accidents which result in employee injury will also be reported to the agency claims coordinator (Assistant Safety Director) 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
Documentation and procedures:
1. Supervisors with the assistance of the Additional Duty Safety Officer will complete the Accident/Incident Investigation Form and return it to the safety director.
2. The investigation report form should be signed by the appropriate parties and submitted to the Safety Committee for review and approval of appropriate action(s), if necessary.
3. The agency safety director will ensure that recommended corrective action has been/or is being taken and make the appropriate documentation through a memorandum for record.
4. Depending on the frequency and/or severity of accidents/incidents, the safety director and the Safety Committee will jointly conduct an annual review and analysis of the agency's accident experience data to determine the effectiveness of implemented corrective actions and to detect any trends, either positive or adverse.
5. The investigation report form and any other documentation prepared during the investigation will be filed in the agency's permanent file and disposed of according to the agency's approved records retention schedule.

Records
All accident reports will be maintained on file permanently. They shall receive timely review by upper management to ensure proper corrective actions have been taken.

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 of Risk Manager/Safety Officer:

Please return a copy of this form to:
Jeremy K. Higgins
Director, Environmental Health, Safety, and Risk Management
Box 6113, SFA Station
Nacogdoches, TX 75962
Phone: (936) 468-4532
Fax: (936) 468-7312

(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:
Donna Teel
Assistant Safety Officer/Claims Coordinator
Box 6113, SFA Station
Nacogdoches, TX 75962
Phone: (936) 468-4514/Fax: (936) 468-7312