

M. ACCIDENT INVESTIGATION

The Accident Investigation Program outlines the procedures for reporting and investigating all workplace accidents. This process is separate from the workers' compensation claim reporting process. Its purpose is to identify and correct flaws in work practices or equipment in order to prevent recurrences of preventable accidents. An accident is defined as an unexpected and undesirable event arising from unsafe acts or conditions. All accidents, including near misses, are investigated.

The timely reporting and investigation of workplace accidents provides for the following:

- Establishes a written record of the factors that contributed to or caused the accident,
- Ensures prompt investigation of accidents to initiate and support corrective actions,
- Provides statistical information for use in analyzing all phases of accidents and events, and provides information that may be used in the identification of workplace hazards and employee training.

The Safety Coordinator develops and maintains the written Accident Investigation Program and they:

- Serve as the contact and resource person for accident investigation procedures,
- Ensure training is conducted so that supervisors and employees are informed and knowledgeable of current accident reporting procedures,
- Ensure all accident report forms are correct and filed in a timely manner, and
- Ensure that those responsible for conducting investigations are trained in accident investigation procedures and techniques.

Accident Response and Reporting

During new employee orientation, employees are notified that all workplace accidents (including near misses) must be reported to their manager or supervisor regardless of severity or whether an injury occurred. When an injury occurs, the manager or supervisor is responsible to report the injury by completing a *Workers' Compensation Claim Report* in SAP ESS. Claim reports are completed by the supervisor. All accidents and/or claims should be reported within 24 hours.

The manager or supervisor is trained to ensure that the employee chooses a Panel of Physicians doctor from the list which is posted in the work location. Follow-up by those responsible for Workers' Compensation claims administration occurs to ensure the employee understands their responsibility to treat with a panel doctor. Employees are not discriminated against for reporting a work-related fatality, injury, or illness; or, for filing a safety and health complaint, asking for access to occupational injury and illness records, or exercising any rights afforded by the Workers' Compensation Act.

In the event of a workplace accident and/or illness the following procedures are followed to ensure prompt and effective care for the involved individual(s).

Responding Supervisor Actions

- If an injury or illness is involved, provide immediate assistance to the injured employee by seeking medical attention.
 - Provide or arrange for first aid/CPR as appropriate.
 - Request EMS assistance if necessary.
 - Ensure the employee goes to the panel physician of their choice or to the nearest medical facility if necessary.
- Write down the date and time of the injury, date and time that notification of the injury was received, and any other pertinent facts for future reference.
- Cooperate fully with any emergency response or law enforcement personnel on the scene. Do not interfere with an official investigation, such as a traffic accident, criminal, or workplace violence investigation.

Affected Employee Actions

- Seek immediate medical attention for the injury or illness if necessary. Alternatively, the first aid kit at the worksite can be utilized for minor injuries.
- Immediately notify a supervisor or manager that an accident has occurred. Employees are encouraged to notify a supervisor or manager as soon as possible, but at least within 24 hours or at the beginning of the next shift, of the date and time of injury or first manifestation of the illness.
- Obtain further information and instructions from the human resource office, workers' compensation claims administrator, and immediate supervisor regarding claim and benefit procedures.

Accident Investigation

Fire Safety Environmental Division (FSED) is responsible for investigating all reported accidents as soon as possible and the initial investigation must be completed within 48 hours of the employee's return to work. For more complex accidents, an advanced investigation can be conducted after the initial investigation is completed. Failure to properly investigate accidents, concealing facts or failing to obtain all the facts available interferes with accident prevention.

The Safety Coordinator or other designee are responsible for conducting follow-up accident investigations when necessary to determine the causes of the accident and recommendations to prevent recurrences. The need to conduct follow-up investigations may vary and depends on the circumstances or severity of the accident or injury.

Accident Investigation Procedures

Thorough accident investigations help to determine why accidents occur, where they happen and any trends that might be developing. An analysis of the conditions and circumstances of the accident provides a basis to implement corrective measures to prevent recurrences. For all accident investigations, the investigating FSED staff member performs some or all the following procedures:



- Conduct a thorough accident investigation at the scene of the injury whenever applicable as soon after the injury as safely possible. Accidents become increasingly difficult to remember and document with the passage of time.
- Go promptly to the scene of the accident and document the details of the surroundings by taking photographs or making sketches. Save or preserve any physical evidence that may be used for future litigation proceedings.
- Use the *Accident Investigation Form* as a guideline to gather information and conduct the investigation.
- Stress obtaining facts, rather than placing blame or responsibility. Listen to conversations that may be going on, realizing that unsolicited comments often have merit and can indicate areas of further inquiry.
- Ask the employee involved in the accident and any witnesses, in separate interviews, to tell exactly what happened. Do not interrupt or ask for more details at that time, just let the employee describe it in their own style.
- Repeat the employee or witness' version of the event and allow them to make any corrections or additions.
- After interviewing the involved employee(s), interview any witnesses or have them complete the *Witness Statement Form* to document their account of the event.
- Remind employees that the purpose of the investigation is to determine the cause and possible corrective actions that can reduce or eliminate the possibility of a recurrence.
- Complete the appropriate sections of the *Accident Investigation Form* with the employee and review the data with the employee for accuracy.
- Encourage employees to give their ideas for preventing similar accidents in the future.
- Study the information gathered to determine the possible causes or factors that contributed to the accident. Realize that many accidents involve both unsafe conditions and unsafe acts.
- Determine corrective actions and recommendations to prevent future accidents and injuries.
- When possible, correct any unsafe conditions or acts immediately. If immediate correction is not possible, report the situation to the appropriate level of management.
- Submit the original *Accident Investigation Form* to the Agency Safety Coordinator within 1 week of the date of injury or notification by the employee when possible.
- Communicate information regarding identified hazards, new procedures or other corrective actions so applicable employees may benefit from the experience and findings.

Follow Up to the Accident Investigation

Management is responsible for acting on the recommendations resulting from accident investigations. The Safety Coordinator and/or their designee monitors the progress of the corrective actions and ensures they are completed. Contributing factors noted during accident investigations are reviewed with employees and supervisors as applicable to determine if the job can be altered to eliminate hazards, or if additional training is needed.

Follow-up actions include:

- Developing a timetable for corrective actions, and
- Monitoring the progress of corrective action implementation.

Program Evaluation

The Accident Investigation Program is evaluated annually by the Safety Coordinator to determine whether the program is being followed and if further modification or training is necessary. The information obtained from the review and analysis of the *Accident Investigation Reports* and *Witness Statement Forms* is used to develop corrective actions that will prevent the recurrence of injuries.

Recordkeeping

The Safety Coordinator is responsible for maintaining the documentation of accident investigation records. Examples of such records include:

- Completed accident investigation and witness statement forms,
- Follow up communications, and
- Files documenting activities and progress towards the implementation of recommendations.

Witness Statement

The information contained on this form will be used to identify causes of accidents. The form should be completed by any witness to a work-related injury or accident. It should be submitted with the Accident Investigation Report and the Workers' Compensation Claim Report.

| | | |
|--|-------------------|---------------------|
| Injured Employee Name | Employee Number | Date of accident |
| | | |
| <p>Was the accident the result of an unsafe act or condition? What acts, failures to act, or conditions contributed to the accident?</p> <p> <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Neither </p> | | |
| <p>Explain what you saw.</p> | | |
| <p>What type of injury occurred to the employee?</p> | | |
| <p>In your opinion, how can this accident be prevented from happening again?</p> | | |
| <p>I verify that I witnessed the accident as described above. The statements made were given by me freely, without coercion from my supervisor or the injured employee.</p> | | |
| Witness Name | Witness Signature | Date Form Completed |
| | | |

To obtain an additional supply of this form, contact the Safety Coordinator.