**Supervisor’s Accident Investigation Guide**

**OVERVIEW:**

**Immediate action for all injuries:**

* If a serious injury of illness occurs, immediately call Campus Police by dialing 911.
* Give Campus Police your name, the nature and severity of the medical problem, and the location of the victim. Campus Police will provide immediate medical attention and will arrange transportation if necessary. The injury or illness must be documented with a Supervisor’s Injury or Illness Report.
* If the injury is minor, an employee with First Aid training may provide First Aid. Administration of First Aid must be documented with a Supervisor’s Injury or Illness Report.
* Campus Police can be helpful with administering first aid, as well as determining if further medical attention is needed. Campus Police can be reached at campus extension 8444 or by dialing 911.

**The Employee is required** to report the injury to his/her supervisor as soon as possible after the incident/accident.

**The Supervisor/Lead is responsible:**

1. To assure that any injured employee is given immediate and proper medical care (as required) and that no one else can be injured.
2. To complete a Supervisor’s Injury or Illness Report for any injury and submit to Human Resources within 24 hours, no matter how small the injury may seem (First Aid).

Environment, Health and Safety staff is available to assist the supervisor with the accident investigation.

The purpose of accident investigation is to develop information on the actual and contributing causes of accidents in order to prevent recurrence. No matter how conscientious the safety effort at the University, accidents are sometimes going to happen due to human or system error. Our goal is **to find and remove accident causes** and to make the University a safer place to work. Accident investigations help us meet that goal.

The following is a brief overview of the investigation and report form (Supervisor’s Injury or Illness Report) that is required for every employee accident. All required blanks on the report should be filled in.

**The investigation should begin by answering the questions: who, what, when, where, and how.**

Various steps are involved in gathering this information including:

* Discussing the accident with the injured employee,
* Interviewing any witnesses to the accident,
* Inspection of the accident location,
* Your knowledge of operations and work methods,
* Review of maintenance and training records.

**FILLING OUT THE FORM**

1. **SECTION 1 - GENERAL INFORMATION:**

This section identifies the injured employee; work schedule, the department, and employee status.

1. **SECTION 2 - INDUSTRIAL INJURY DATES**

This section identifies the injured employee’s last day of work and if a claim form was given.

1. **SECTION 3 - ACCIDENT DATA:**

This section describes the accident with specifics on what the injured employee was doing and which body parts (right hand, left lower leg, back of head) were affected. The specific time and place (building, room, area) of the accident is important in the investigation.

The type of injury can be described by such terms as: foreign body in eye, cut, punctures, bruise, sprain, strain, fracture, burn, dermatitis, etc.

**DESCRIPTION OF ACCIDENT:**

1. What was the employee doing at the time of the incident?
2. What sequence of events led to the incident
3. What were the working conditions and tools being used?
4. Any witnesses or contributors to the incident?
5. How did the accident happen? (Cause)

**Some Accident types include:**

* 1. Struck against
  2. Struck by an object
  3. Caught in or between
  4. Slipped
  5. Tripped
  6. Overexertion
  7. Inhaled
  8. Absorbed
  9. Ingested
  10. Contact with electric current

**CAUSE OF ACCIDENT:**

1. Causes include unsafe acts or equipment as well as poor or improper training.
2. Other possible causes may include:
   1. Improper instruction
   2. Lack of skill
   3. Operation without authority
   4. Horseplay
   5. Physical impairment
   6. Failure to warn or secure
   7. Failure to lockout
   8. Unsafe position or speed
   9. Improper protective equipment
   10. Poor housekeeping
   11. Unsafe arrangement
   12. Hazardous condition
   13. Unsafe process or procedure
   14. Unsafe lifting or carrying
   15. Poor ventilation or lighting
   16. Improper guarding
   17. Improper maintenance
   18. Improper safety device
   19. Improper tool
   20. Chemical spill
   21. Lack of time
   22. Work overload
   23. Failure to inspect
   24. Failure to enforce
   25. No inspection made
   26. Failure to train employee on hazards
3. **SECTION 4 - TREATMENT DATA:**

This section details if medical treatment was provided and who provided it (facility name and location).

1. **SECTION 5 - CORRECTIVE ACTION TAKEN OR RECOMMENDED:**

This section describes the corrective action that the supervisor has taken or will take to prevent similar accident from occurring. This may require action from other departments such as Facility Services for repairs or EH&S for training.

* Identify how to prevent similar accidents. Corrective actions could be fixing an unsafe condition, additional training, increased supervision, and change in work methods.
  + - Is additional training/coaching needed?
    - Do established work procedures need to be changed?
    - Is a work order needed to correct a hazard?

1. **SECTION 6 – RETURN TO WORK STATUS:**

Note if the employee is unable to return to work at Full Duty; is modified duty or transitional work available for the injured employee to return to work?

1. **SECTION 7 – ADDITIONAL INFORMATION TO PROVIDE:**
2. Additional comments provided by the Injured Party.
3. Interviews of any witnesses to the accident, attach statements as necessary.
4. Examination of the accident site and preservation of the scene, if necessary.
5. Note any attached photos or a diagram if it helps explain the situation.
6. Removal/repair of unsafe conditions.
7. Use additional pages as required.
8. **SECTION 8 – SIGNATURES**
9. Immediate Supervisor/Lead should complete report.

* The supervisor must sign and date the report.

1. Managers signature and date.

**SUBMIT FORM TO HUMAN RESOURCES WITHIN 24 HOURS OF INCIDENT**

**\*IMMEDIATE POLICE NOTIFICATION PROTOCOL\***

Immediately notify the Police by any communication method available, typically telephone.

* Any incident involving *serious* injury or illness
* Hazardous materials incidents
* Sewage Spills
* Pollutants entering storm drains
* Fire
* Any incident involving a large State property loss

NOTE: If you have any questions regarding the completion of the Supervisor’s Injury or Illness Report, please call Environment, Health and Safety on extension 3922 or 8847.