CHAPTER 4

ACCIDENT REPORTING AND INVESTIGATION

4.1 GENERAL

Accident investigation is a necessary and effective technique for preventing recurring or future accidents. Thorough investigation of accidents near misses can point out a specific cause or broad problem areas; it provides the opportunity to determine the primary causes of accidents as well as contributing factors and, potentially, how to eliminate them. Eliminating the cause or correcting the problem results in a safer and more productive workplace. As such, it is important to consider three main points:

- (1) The investigation or analysis must produce factual information that could lead to corrective actions that prevent or reduce the number of accidents.
- (2) All accidents and near misses should be investigated, regardless of severity of injury or amount of property damage.
- (3) For purposes of accident prevention, investigations must be fact-finding, not faultfinding.
 - In the School District we experience accidents which involve employees, students, vehicles and in some cases visitors or the public. Investigation and documentation is required in all accidents. The extent and depth of the investigation is determined by the severity of the accident.
- (4) Accidents are categorized as follows:
 - a. Major An accident where emergency or extended medical attention is required and/or results in property damage in excess of \$500.
 - b. Minor An incident where only First Aid is used on injuries and/or results in property damage which does not exceed \$500.
 - c. Near miss An accident or near miss where there is no injury and/or property damage, but the potential for injury and/or damage exists.

4.2 EMPLOYEE ACCIDENTS -REPORTING AND INVESTIGATING

Florida Workers' Compensation law requires that a form be completed for all accidents or illnesses requiring medical attention. Employees requiring medical attention must complete a Medical Referral Form before being sent to an authorized medical provider, except for emergency treatment. A must be completed for all accidents, including accidents with no injury or property damage. The reporting of all accidents is essential to an effective accident prevention program. Accidents and mishaps where no injury, illness, or property damage results represent a warning which, when properly managed, can prevent a serious future accident. Procedures for reporting and investigating accidents are outlined below.

- (1) All employees' work-related accidents, injuries, illnesses, and safety-related incidents near misses must be reported as soon as possible to the appropriate Supervisor.
- (2) Medical treatment will be provided as outlined in
- (3) All accidents and near misses, regardless of severity, shall be investigated by the Supervisor and reported using, as discussed in Section 4.3.
- (4) For all Major Accidents, the Supervisor of the employee involved shall report to the scene of the accident as soon as possible and implement the following procedures:
 - a. Ensure that appropriate aid is provided for the injured. Notify site first responder and 911 EMS.

- b. Notify the District Safety Office of location and circumstances of the accident.
- c. When the accident involves serious injuries, fatalities, or extensive property damages, the Manager of Safety and Risk Management Programs or Area Safety Specialist shall be notified immediately. If the District Safety Office, cannot be contacted the General Manager of Employee Benefits and Risk Management shall be notified.
- d. Isolate the accident scene where necessary to prevent tampering or disturbing of material and equipment involved in the accident.
- e. Record the date, time, and names of all persons involved, as well as pertinent witnesses.
- f. Reconstruct the chain of events leading up to the accident.
- g. Take photographs where appropriate for future analysis.
- h. Record all the facts relating to the case through interviews and observations.
- i. Coordinate the investigation with the District Safety Office to ensure that a thorough and complete investigation is performed and properly reported.
- j. Complete the Accident Investigation Report as outlined below.
- (5) Minor accidents involving first aid and/or minor property damage, where the cause can be determined, the Supervisor shall complete the Accident Investigation Report as outlined below.

4.3 ACCIDENT INVESTIGATION REPORTS

- (1) The Accident Investigation Report is the primary document to identify safety hazards and encourage employees to develop safe work habits. It is important that this form be completed as accurately as possible for all accidents, whether an injury or illness and/or near misses.
 - a. The Supervisor of the employee involved in the accident shall initiate the tele-reporting procedures outlined in Fig 4.3B
 - b. Ensure that an Accident Investigation Report is fully completed on all accidents as instructed). Forward the original to the District Safety Office and retain a copy in worksite files. Attach a copy of the First Report of Injury or Illness. (Fig 4.3.B) where appropriate.
 - c. Accomplish the recommended corrective action where it is within his/her means or request assistance from appropriate Administrator. Employee training must be included in corrective action for all accidents.
 - d. Involve the employee in the investigation efforts. In most cases, he/she will inject information pertinent to cause determination.
 - e. Review Accident Investigation Reports with the Site Safety Committee.
 - f. Notify District Safety Office of accident/illness where it is considered a Major Accident, as defined above.
 - g. Ensure the Loss Summary Log of injuries is completed.
- (2) The District Safety Office will assist Supervisors with the reporting and investigation of accidents. The District Safety Office shall:
 - a. Provide training to Supervisors and Site Safety Monitors in accident investigation techniques.
 - b. Investigate all major accidents/illnesses with appropriate Supervisor.
 - c. Review accident reports on all minor accidents for appropriate corrective actions.
 - d. Maintain the primary file on employee Accident Investigation Reports for a minimum period of three (3) years.
 - e. Provide accident data, reports, and develop trend analysis as directed.

4.4 STUDENT ACCIDENTS:

Proper documentation of student accident/injuries is imperative to evidence of proper care of students while under District supervision. The school principal shall ensure that the following steps are completed.

- (1) A student accident/injury report will be completed for all student injuries, which occurs while under school staff supervision.
- (2) Reports will be completed regardless of how minor the injury and filed at the school site.
- (3) When injuries require medical attention (other than First Aid) or when parents are called, a copy of Injury Report will be forwarded to the District Safety Office.
- (4) When injuries require the use of emergency medical team (ambulance). The District Safety Office will be called immediately.

4.5 VEHICLE ACCIDENT:

All vehicles owned and operated by the District will contain Accident Report Form, SB 70307 a card with a checklist of procedures and offices to contact.

- (1) Vehicles operators will contact the District Safety Office immediately when accidents involving District vehicle occurs on School District property.
- (2) The procedures as listed below are also listed on the card maintained in each vehicle.
 - a. Turn on your emergency flashing lights and use cones and/or flares, if available.
 - b. Aid the injured.
 - c. Call your work location and inform them that you have had an accident. Bus Drivers: call: 987-6994 Ask your work location to call the appropriate law enforcement agency. Ask them to call the District Safety Office, 872-5263.
 - d. Do not admit responsibility. Do not discuss the accident with anyone except law enforcement officers, the District Safety Office, and representatives of our insurance company.
 - e. Obtain all the information needed to complete an SB 70307, Vehicle Incident Report. Forward this report to the District Safety Office, Rt. #1, the next work day by school mail.
- (3) The District Safety Office will investigate or assign an agent to investigate all vehicle accidents.
- (4) District Employees who fail to report vehicle accidents as required may be required to repair damage to District vehicle at the employees' expense.
- (5) See Traffic Safety Appendix "G"

SCHOOL DISTRICT OF HILLSBOROUGH COUNTY ACCIDENT INVESTIGATION REPORT

Report #	
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THIS FORM MUST BE COMPLETED AS SOON AFTER ACCIDENT AS POSSIBLE

1. Name:		2. Sex:		3. Date of Accident:	4. Time of Accident:
5. Site/School:	6. Departn	nent:	•	7. Job Title:	
□ 20 Under □ 20-29 □ 30-39	Length of Employ Less than 1 mo 1 - 5 months 6 months to 5 y More than 5 ye	onth rears	□ Le	ngth of Experience: ess than 1 month - 5 months months to 5 years ore than 5 years	11. Witness(es):
12. Injury Severity / Action: Fatality				ecific Location: nployers Premises? Yes	14. Witness(es):
15. Body Part Injured:		ulder □ Arm □ Knee	□ Elbo		9
16. Nature of Injury / Illness: - * Abrasion - Burn - Amputation - Cold Injury - Asphyxie - Cumulative Trauma - Back Strain / Sprain - Dermatitis - Other Strain / Sprain - Dislocation - Bruise - Exposure to Infectious Dise	□ Forei □ Fracti □ Heari □ Heart	ng Loss Attack	osphere	□ ** Laceration □ Loss of Consciousn □ Multiple Injury □ Open Wound □ Poisonous Bite □ Poisonous Plant * Skin S	□ Vision Loss □ Other
17. Describe the accident and how it occurred (Include described)	cription of job / ta	sk / worksite assiç	gned at ti	me of Incident):	

18. Causal Factors (reason for unsafe acts or unsafe work conditions);	
 Corrective Actions (include what actions can and will be taken by supervisor to prevent recurrence. Also include any recommendations requiring upper level administrative approval. 	
1	

STATE: FLORIDA ACCOUNT: HILLSBO LOCATION ID#:

BROADSPIRE TELEREPORTING SERVICE 1-877-368-2116

IF AN EMPLOYEE IS INJURED ON THE JOB & REQUIRES MEDICAL TREATMENT, CALL BROADSPIRE TELEREPORTING AT 1-877-368-2116 TO FILE A FLORIDA WORKERS' COMPENSATION CLAIM. BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS:

- DATE OF INJURY
- EMPLOYEE INFORMATION:
 - ❖ NAME (FIRST, MIDDLE INITIAL, LAST)
 - SOCIAL SECURITY NUMBER
 - DATE OF BIRTH
 - ❖ MARITAL STATUS
 - ❖ NUMBER OF DEPENDENTS
 - CURRENT ADDRESS
 - PHONE NUMBER
 - ❖ JOB TITLE
 - ♦ HIRE DATE
 - SALARY (PER HOUR, WEEK, MONTH OR YEAR)
 - * HOURS PER DAY WORKED
 - ❖ DAYS PER WEEK WORKED

INJURY INFORMATION:

- ❖ TIME OF INJURY
- ❖ EMPLOYEE PAID IN FULL FOR DAY OF INJURY (Y/N)
- ❖ DID INJURY OCCUR DN EMPLOYER'S PREMISES (Y/N)
- ❖ EMPLOYEE INJURED DOING REGULAR JOB (Y/N)
- ❖ DATE THE EMPLOYER WAS NOTIFIED
- ◆ LAST WORK DATE (IF LOST TIME)
- DISABILITY START DATE (IF LOST TIME)
- ❖ HAS EMPLOYEE RETURNED TO WORK (Y/N) IF SO, THE DATE RETURNED)
- ❖ ADDRESS WHERE INJURY OCCURRED (IF DIFFERENT THAN WORK ADDRESS)
- NAME, ADDRESS AND PHONE NUMBER OF THE DOCTOR OR HOSPITAL
- ❖ DESCRIPTION OF THE INJURY
- ❖ DESCRIPTION OF WHAT EMPLOYEE WAS DOING AT TIME OF INJURY
- ❖ DBJECT OR MOTION THAT PRODUCED THE INCIDENT/ACCIDENT
- ❖ CAUSE THAT LED TO THE INJURY, ILLNESS OR INCIDENT
- PART (S) OF THE BODY AFFECTED
- ❖ RESULT/DIAGNOSIS OF THE INJURY
- ❖ SUPERVISOR'S NAME
- DO YOU AGREE WITH THE DESCRIPTION OF THE ACCIDENT?
- HILLSBORDLIGH COUNTY SCHOOL DISTRICT IS SELF INSURED.
- FAILURE OF ANY EMPLOYER TO REPORT AN EMPLOYEE ON-THE-JOB INJURY IN A TIMELY FASHION MAY SUBJECT THE SCHOOL BOARD TO FINES AND PENALTIES.

SCHOOL DISTRICT OF HILLSBOROUGH COUNTY, FLORIDA

LOSS SUMMARY 200 LOG

SITE NAME:							י אכופט ום	A PO NOISIVIE	LETY DIE	381 60 540	
SITE ADDRESS:	ESS:				1		This do	This document must be kept on file for 5 years.	kept on file fo	r 5 years.	
SITE NUMBER:	ER:				ı						7
AREA NUMBER:	BER:				1						
Incident Number	DATE	NAME	OCCUPATION	CATEGORY	DEPARTMENT	LOCATION	TYPE OF INJURY	FATALITY	LOST TIME	LOST WORK RESTRICTED DAYS	RESTRICTED DUTY
				-					EMPLOYEES ONLY	S ONLY	
	Date first reported	Affected person's full name.	Regular job title or occupation	C - Contractor E - Employee	Employer name and address Regularly assigned department	Brief description of where the incident occurred.	Describe the injury - indicate body parts affected, illness/disease, symptoms, property damaged, damage items or building parts	Date of Death	Enter check if days away from	Total days employee	Total of restricted
###^^^	(MM/DD/	(Last, First, M.I.)	(Custodian, Student, etc.)	=	Grade & homeroom number Home address			(YYYYY)	work	unable to work (# of davs)	work activity (# of days)
(a)		(c)		T	(f)	(b)	(h)	_	9	(k)	(a fam in it)
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Fig.4.3-C

Note: Order this form # from the Central Warehouse

Date:

Title:

Certified by: **SB38301** 11/98