Incident/Injury Reporting & Investigation Program

SCOPE AND APPLICATION

The objective of the Incident/Injury Reporting & Investigation Program is to properly and thoroughly investigate incidents, which include injuries and near misses so as to prevent and eliminate them from reoccurring in the future. At a minimum, all incidents resulting in an injury should be thoroughly investigated. Ideally, this would be broadened to include any incident with potential to cause injury or a near miss. Each incident is the result of a failure of some kind that results in an interruption of production or service and should, therefore, be investigated. Remember that the investigation process is not to place blame but a fact-finding mission to eliminate recurrence. All faculty and staff are responsible and accountable for safety on campus.

RESPONSIBILITIES

The Initial Investigation

The Safety Program Coordinator is ultimately responsible for overseeing the program. However, the faculty or staff’s departments immediate Supervisor should make the initial investigation, this in one of the key elements of a successful incident investigation program. The Safety Committee will assist in completing additional investigations after the fact during monthly committee meetings. The supervisor that is responsible for operations in that area is usually the first to arrive on the scene. The supervisor probably knows more about the particular situation, employee, and/or contributing factors than anyone else. This improves the quality and accuracy of the report submitted along with the recommended controls made to produce potential recurrence. Finally, the supervisor will, in most cases, be the one who is required to put these controls into place.

It is essential for supervisors to be proficient at incident investigation techniques and make thorough and accurate completion of reports, part of their job. A review of completed reports can be performed during salary reviews/appraisals to ensure that the supervisor fully understands the importance of this job requirement.
Supplementary Investigations

The Safety Program Coordinator and Safety Committee may make a later, on-site, investigation of selected or serious incidents. This is to further review the environment in which the incident took place, take a firsthand look at the work methods or to verify the information provided in the initial report.

Timely Reporting

A Supervisor’s Incident Report/First Report of Injury (Appendix D) should be completed as soon as possible by the employees supervisor after an incident/incident has occurred and the HR claims rep and Safety Program Coordinator should be notified of the incident/incident within an 8 hour period.

Incident Investigation Report Review Process

The Incident/Injury Investigation Form (Appendix C) is utilized by the employee’s supervisor and investigation team to review how the incident/incident occurred, perform a root cause analysis and document corrective or preventive measures needed to prevent the incident form occurring in the future. This process is an extremely important factor in the continual success of any Incident Investigation Program. Conditions relevant to the cause of any particular incident may change rapidly so that the longer the time period between the incident and the investigation, the more distorted the facts may become. Obviously, the more distorted the facts become, the less effective the developed controls will be. It shows employees and the supervisor that completed the initial investigation, that management is not only monitoring the accuracy of submitted reports, but is taking all suggestions for controls very seriously. If, for any reason, a recommended control is not going to be completed, the reasons should be explained to the supervisor that submitted it. The supervisor should then relay this information to the applicable employee(s) and/or department(s).

Review of Investigation Reports

The supervisor’s immediate superior, the Safety Committee, Safety Program Coordinator and HR Representative should review all incident investigations. This review process can best coordinate the direction of your company’s future incident prevention plans.

Review of an incident report should include:

A. Responsibility for reviewing the information and feasibility or potential effectiveness of the recommended action plan.

B. Referral of the report to management level where necessary decisions can be made.

C. Discussion of the action to be taken with the superior that submitted the report.
Please look at the Incident Investigation Chain of Responsibility section that will help you identify your responsibilities based on three (3) levels of incident investigation.

Those basic categories are:

1. Level 1 – A no injury incident or near miss.
2. Level 2 – An injury treated on-site.
3. Level 3 – An injury treated off-site

By following the guidelines and using the associated numbered report forms, this should make reporting much quicker and easier.

**BENEFITS OF INCIDENT INVESTIGATION**

**ADDITIONAL INCIDENT ANALYSIS**

Reported incidents can be used to develop a database to determine incident trends, repeaters, and establish which departments may be experiencing an adverse loss ratio. This information will assist in focusing safety efforts to those areas with the greatest need or to correct problems before they get out of hand and further injury occurs.

It would also be beneficial to track reported incidents for each employee and maintain these records in that employee’s personnel file. This will help supervisors and management to remember the incident experience of individual employees. This can be used to determine certain job classifications with an exceedingly high incident rate, problem employees, training needs, and in some cases, a problem developing. Such as several “minor” back strains reported for an employee that may indicate a potential for significant back injury in the future.

**ADDITIONAL BENEFITS OF A PRODUCTIVE INCIDENT INVESTIGATION PROGRAM**

1. Develop better methods;
2. Pinpoint training needs;
3. Show management’s concern for employee safety;
4. Add knowledge;
5. The supervisor learns more about specific operations;
6. Documents the incident and allows all levels of management to review the circumstances surrounding its occurrence; and

**REMEMBER**

The main goal of incident investigation is **NOT** to place blame but to prevent future incidents thereby improving productivity.

**WHY INVESTIGATE INCIDENTS?**

- Incident investigation has one primary goal – to prevent incidents
- It also helps in auditing the effectiveness of the overall safety program
- Employees and management must be educated about the benefits of incidents investigation. Your Loss Control Representative can assist you with training

**WHAT INCIDENTS SHOULD BE INVESTIGATED?**

- Ideally, all incidents should be investigated
- It is very important to include, for investigation, any “near miss”
- Institute different levels of investigation depending on incident severity

**WHEN SHOULD AN INCIDENT BE INVESTIGATED?**

- Incidents should be investigated as soon as possible after they occur but no later than 24 hours after
- Prompt investigation reflects management’s concern for workers

**WHO SHOULD MAKE THE INVESTIGATION?**

- The supervisor of the area or department should make the investigation
- Supervisory investigations may also be made by others responsible
- The Safety Program Coordinator or HR Representative should oversee the investigation
- Ultimate responsibility for taking action rests with management

**HOW TO CONDUCT AN INCIDENT INVESTIGATION**
Follow the Incident Investigation Chain of Responsibility and use the prescribed forms

Avoid the temptation to quickly assign cause and adopt controls

PURPOSE OF THE NEAR MISS REPORT

Each employee has the ability to spot potential incidents before they result in injury or property damage. Also, some incidents that result in minor injury may have the potential for much greater injury. By correcting the hazards or improper procedures before serious incidents result, many incidents can be prevented.

THIS NEAR MISS REPORT IS TO BE USED FOR REPORTING PROBLEM AREAS IN ORDER TO PREVENT INCIDENTS. SUPERVISORS ARE TO ENCOURAGE THE REPORTING OF SUCH INCIDENTS.

PREPARATION OF REPORT

1. *Injury potential* – Indicate the most serious injury that could have occurred.

2. *Department(s)/Location* – List the department(s) that were involved at the time of the incident. Some job sites may involve more than one department. Indicate the location of the incident.

3. *Witness(es)* – List all witnesses that could contribute to the investigation. The insights from these witnesses should be included in the report.

4. *Date and Time* – Indicate the date and time of the incident.

5. *Brief Description* – A brief description of the incident should be given. Include enough facts to describe the circumstances involved.

6. *Immediate Corrective Action* – List all corrective actions taken to prevent recurrence of the incident. EXAMPLE: In an incident where a box fell from the top of a cabinet, an immediate corrective action would be to remove and/or secure all material from the top of the cabinet.

7. *Recommendation* – Include recommended changes that would prevent recurrence of incident. EXAMPLE: Change in materials, change in tools or change in work practices may be the recommendation following an incident. Recommendations should be realistic and include actions taken or planned to prevent injury to personnel, property damage or both.
8. *Action Taken to Prevent Recurrence* – The investigating supervisor will list the actions being taken to prevent a recurrence. This may involve working with and assigning actions to other supervisors.

9. A MORE DETAILED INVESTIGATION IS REQUIRED WHEN THE FACTS ARE NOT CLEAR OR IF THE PROPER CORRECTIVE ACTION CANNOT BE DETERMINED. YOUR LOSS CONTROL REPRESENTATIVE CAN ASSIST YOU.

10. *Basic Cause of Incident* – Check the boxes most appropriate to the incident.

11. *INVESTIGATING SUPERVISOR* – List the name(s) of the supervisor(s) of the involved group(s) investigating the near miss.

**INCIDENT INVESTIGATION TECHNIQUES**

**ON-SITE INVESTIGATION**

A. Should be conducted immediately when the facts are fresh and before witnesses are influenced.

B. Take names of any chemicals, vapors, etc. that may have been involved in the incident and get copies of MSDS.

C. Photograph or sketch the incident scene.

D. Identify the people involved in the incident.

E. Interview witnesses separately and as soon as possible after the incident. Interview all witnesses who:
   - Saw the event(s) leading up to the incident
   - Saw the incident occur
   - Arrived on the scene immediately after it occurred

F. When conducting an interview:
   - Interview for facts, not fault
   - Ask non-leading questions
   - Test the information
   - Beware of “smoke screens”
   - Interview privately
+WHERE TO INVESTIGATE?

At the scene, to observe conditions first hand.

WHO SHOULD INVESTIGATE?
The supervisor of the employee to whom the injury occurred since he/she is responsible for virtually everything that happens in that area. Other members of the Safety Committee and the Loss Control Representative may follow up the investigation.

WHO SHOULD REVIEW INVESTIGATION REPORTS?
The person responsible for (or capable of) implementing the plan of action to prevent incident reoccurrence. Beyond that, all those responsible for company safety should be aware of the results of all investigations.

FINDING OUT “WHY” THE INCIDENT HAPPENED

Once all information is gathered as to “how” the incident happened, find out “why”. Only after this is determined can an effective solution be found to prevent reoccurrence. Break down information into four (4) areas:

A. The person(s) injured – WHO
   Include name, job title, part of body injured (hand, leg, left finger), experience, training, etc.

B. Equipment/facilities/machines – WHAT
   Include the equipment (hand tool, ladders, lift truck) that was used at the time of the incident and the conditions (i.e. footing, lighting) at the time of the incident

C. Methods or Procedures – HOW
   Include the job the employee was performing at the time of the incident and the method that it was performed, normal job duties performed

D. Environmental/Location – WHERE
   Include the specific location where the incident occurred and the environmental conditions (i.e. air-quality, heat, cold-ice, wet) at the time or the incident.

After the above areas have been determined, they should be brought together into a series of actions. These actions will be the cause(s) of the incident and therefore, properly done, determine where control measures should be directed. Causes should be specific. General causes will lead to general, less effective solutions.

CONTROL DEVELOPMENT

The development of effective controls is the “pay-off” of the entire incident investigation process. When an incident does occur, it is unfortunate. But a productive incident
investigation will lead to the development of control that may reduce the potential for additional employees to be injured in the future and production interrupted. As previously stated, the quality of the solution or control will directly depend on the quality of the investigation. If a solution does not readily present itself, further investigation is required. Recommendations for controls aimed at reducing future injuries should include both:

1. **Physical Controls** – Will immediately control the identified hazard or exposure.

2. **Administrative Controls** – Will ensure that the hazard or exposure remains controlled over time.

When developing controls remember it is easier to change things, then people. Therefore, it is best to attempt to control the equipment, facilities, machines, etc. (WHAT) first, (WHEN) the methods/procedures (HOW) second, the environment/location (WHERE) third, and the person(s) (WHO) last.

**INCIDENT REPORTING AND INVESTIGATION CHAIN OF RESPONSIBILITY AND DISTRIBUTION REQUIREMENTS**

**Level 1 Incidents:**
- No injury, incident (near miss)
- Report complete within 24 hours of event by Supervisor or employee
  - Copy to:
    - Safety Program Manager
    - Antioch Safety Committee
    - Department manager

**Level 2 Incidents:**
- Injury treated on-site
  - Investigation and report complete within 24 hours of event by Supervisor or designee, who will copy:
    - Safety Program Coordinator
    - HR Claims Representative
    - Department Manager
    - Antioch Safety Committee

*NOTE:* May be escalated to Level 3 by Safety Program Manager or HR claims representative.

**Level 3 Incidents:**
- Injury treated off-site
  - Investigation and report complete within 4 hours by Supervisor or designee.
    - Safety Program Manager
    - HR Claims Representative
- Ohio BWC Representative
- Finance & Operations Manager
- Antioch Safety Committee
APPENDIX A – SPECIFIC ASSIGNED RESPONSIBILITIES

The following are specific assigned responsibilities under this Incident Investigation Program. The purpose of these assigned responsibilities is to increase ownership in the program at all levels as well as ensuring implementation and compliance with the elements of the program.

**Associates identified in each tier group are responsible for performing those specific assignments.**

<table>
<thead>
<tr>
<th>Manager:</th>
<th>Assignment:</th>
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<tbody>
<tr>
<td>Hr Claims</td>
<td>File Report With Ohio BWC</td>
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<tr>
<td>Safety Coordinator</td>
<td>Incident Investigation</td>
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<tr>
<td>Safety Coordinator</td>
<td>Osha 300 Log</td>
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<tr>
<td>Department Managers</td>
<td>Fill Out Injury Report For Direct Reports</td>
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<tr>
<td>Safety Committee</td>
<td>Assist With Incident Investigation</td>
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<th>Supervisor:</th>
<th>Assignment:</th>
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<tr>
<td>Admissions Director</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<td>Advancement Director</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<tr>
<td>Alumni Relations Director</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<td>Hr Manager</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<td>Co-Op Director</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<td>Wellness Director</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<tr>
<td>Faculty Dean</td>
<td>Fill Out Incident Report For Direct Reports</td>
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<td>Employee:</td>
<td>Assignment:</td>
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<td>Residential Housing Supervisor</td>
<td>Fill Out Incident Report For Student Injuries Or Incidents</td>
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<td>Residential Life Managers</td>
<td>Assistance With Medical/First Aid Or Transport Of Injured Students</td>
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<th>Others:</th>
<th>Assignment:</th>
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<tr>
<td>“As Designated”</td>
<td>Fill Out Incident Report For Direct Reports As Designated By Department Manager Or Director</td>
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APPENDIX B – INCIDENT INVESTIGATION PROGRAM

TRAINING ATTENDANCE SHEET

<table>
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<tr>
<th>DATE:</th>
<th>INSTRUCTOR:</th>
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<tr>
<td>TRAINING A/V MATERIALS:</td>
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<th>NAME:</th>
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Appendix C – Incident/Injury Investigation Form

Date of Incident: ______________

Department(s): ___________________________________________________________

Location: ___________________________________________________________________

Date of incident: ____/____/_____ Time: _______________

Who was injured and/or what equipment damaged?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Brief Description:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check One:
☐ Level 1 - A no injury incident or near miss.
☐ Level 2 - An injury treated on-site.
☐ Level 3 - An injury treated off-site

Work Experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If non-employees were involved, what activities were other individuals engaged in at the
time of incident? If damaged property, whom did it belong to?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Can it happen again: _______ What has been done to prevent a recurrence?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What other control measures can be taken and by whom?
________________________________________________________________________
________________________________________________________________________

**Basic Cause**

Lack of/or wrong equipment? _______________________________________________

Personal physical condition? _______________________________________________

Proper PPE Worn? _________________________________________________________

Lack of knowledge or training? _____________________________________________

Unsafe working conditions? _______________________________________________

Wrong method? ___________________________________________________________

Other? (Describe) _________________________________________________________

Unsafe Act or Practice? ___________________________________________________

Witness to Event? _________________________________________________________

Report Completed by: ________________________

Date: ________________________

Distribution List (Check all Appropriate):

- Supervisor/Department Manager
- Safety Program Manager
- Hr Claims Representative
- Safety Committee
- Ohio BWC Representative
- Finance & Operations Manager
- Other: ____________________________
### Appendix D: SUPERVISOR INCIDENT REPORT: FIRST REPORT OF INJURY

<table>
<thead>
<tr>
<th>Last Name, First Name, Middle Initial:</th>
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<tr>
<td>Home Mailing Address:</td>
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<td>City:</td>
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<td>Date of Birth:</td>
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<td>Date Hired:</td>
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<td>What days of the week do you usually work:</td>
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<td>Regular work hours: From _____________ To _____________</td>
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<td>Date and Time of Incident:</td>
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<td>Date Last Worked:</td>
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<tr>
<td>Employer Name:</td>
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<tr>
<td>Mailing Address (street/city/zip):</td>
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<td>Location if different from mailing address:</td>
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**Description of Incident**

(Use additional sheets of paper, if more space is needed)

Employee Signature: Date:

Supervisor Signature: Date:

Employer Policy Number: **1590656**

Manual Number:

Phone No: Fax No:

Was employee treated in an emergency room? ☐ Yes ☐ No

☐ Certification – The employer certifies that the facts in the application are correct and valid.

☐ Rejection – The employer rejects the validity of this claim for the reason(s) listed below.

Employer Signature and Title Date