

Approved:	<b>STANDARD OPERATING PROCEDURE</b>	REVISION A
BCM	TITLE: Accident Reporting and Record-Keeping Program	02/16/2015
HHH Services, LLC		

### **Purpose**

Accident, injury and illness reports are required by various Federal and State laws. Accident reports are also required by our company insurance carriers.

### **Policy**

It is the policy of HHH Services, LLC to create, maintain and file accident reports as required by law. Accident reports submitted to outside agencies and agents of the company shall be submitted in the required format. Example: OSHA 301 log and OSHA 101 form (or equivalent).

All incidents and accidents resulting in injury or causing illness to employees and events (near-miss accidents) shall be reported in order to:

1. Establish a written record of factors that cause injuries and illnesses and occurrences (near-misses) that might have resulted in injury or illness but did not, as well as property and vehicle damage.
2. Maintain a capability to promptly investigate incidents and events in order to initiate and support corrective and/or preventive action.
3. Provide statistical information for use in analyzing all phases of incidents and events.
4. Provide the means for complying with the reporting requirements for occupational injuries and illness

The Incident Reporting System requirements apply to all incidences involving company employees, on-site vendors, contractor employees and visitors, which results in (or might have resulted in) personal injury, illness, and/or property and vehicle damage.

### **Responsibilities**

Management:

1. Establish and maintain an effective accident reporting program
2. Establish and maintain an effective record keeping program including security controls over sensitive employee medical and exposure records.
3. Train all employees in the accident reporting procedures
4. Train record custodians in proper record entry, maintenance and release procedures
5. Conduct annual program audit

### **Supervisors**

1. Comply with the requirements of this program

### **Employees**

1. Comply with the accident reporting procedures

### **Incidents (Occupational injuries and illnesses)**

Injuries and illnesses that require reporting include those injuries and illnesses occurring on the job which result in any of the following: lost work time, restrictions in performing job duties, requirement for first aid or outside medical attention, permanent physical bodily damages, or death.

Examples of "reportable injuries and illnesses include, but are not limited to, heat exhaustion from working in hot environments, strained back muscles from moving equipment, acid burns on fingers, etc.

Other incidents requiring reporting include those incidents occurring on the job which result in any of the following: injury or illness, damage to a vehicle, fire/explosion, property damage of more than \$100, or

chemical releases requiring evacuation of at least that immediate spill area.

Examples of “non-reportable” injuries and illnesses include small paper cuts, common colds, and small bruises not resulting in work restrictions or requiring first aid or medical attention.

### **Events (Near Misses)**

Other incidents that, strictly by chance, do not result in actual or observable injury, illness, death, or property damage are required to be reported. The information obtained from such reporting can be extremely useful in identifying and mitigating problems before they result in actual personal or property damage. Examples of near miss incidences required to be reported include the falling of a compressed gas cylinder, overexposures to chemical, biological, or physical agents (not resulting in an immediately observable manifestation of illness or injury), and slipping and falling on a wet surface without injury.

### **Incident Reporting Procedures**

The following procedures are to be followed by all employees in order to effectively report occupational injuries and illnesses, and other incidents or events. All reports to outside agencies, except for those to local emergency response units (police, fire, ambulance), shall be made only by the designated company Safety Director.

### **Incidents (Injuries and Illnesses)**

Serious injury or illness posing a life-threatening situation shall be reported immediately to the local emergency response medical services (Call 911).

Injuries and illnesses shall be reported by the injured employee, to his or her supervisor in person or by phone immediately after any life-threatening situation has been addressed. If the injured employee is unable to report immediately, then the incident should be reported as soon as possible.

Upon notification of an occupational injury or illness, the supervisor should complete the Incident/Accident Report and, if possible, send it with the injured employee to an approved treatment facility. The Incident/Accident Report Form must be completed and forwarded to the company Safety Director even if the employee receives medical treatment at the hospital and/or from a private physician.

### **Events**

Incidents not involving injury or illness, but resulting in property damage, must also be reported within 24 hours of the incident. In cases of a fire or explosion that cannot be controlled by one person, vehicular accident resulting in injury or more than \$500 worth of damage, or a chemical release involving a reportable quantity or requiring a building evacuation, the involved party must immediately report the incident to the emergency response services in the area (911 - police, fire, etc.)

All near miss incidences also must be reported on the Incident/Accident Report Form within 24 hours of occurrence. In place of indicating the result of the incident (i.e., actual personal or property damage), the reporting person shall indicate the avoided injury or damage.

Events, hazardous working conditions or situations, and incidents involving contractor personnel must be reported to the company Safety Director immediately.

### **Recordkeeping**

The company Safety Director will maintain the required OSHA 200 Log and Summary of (recordable) Occupational Injuries and Illnesses and the OSHA 101 Supplementary Record of Occupational Injuries and Illnesses for each calendar year.

The required portion of the OSHA 200 Log and Summary of Occupational Injuries and Illnesses will be posted annually during the entire month of February throughout facilities for the previous calendar year.

## **Training**

To ensure that all employees understand the incident reporting requirements and are aware of their own and other's responsibilities, annual training sessions will be held with all employees to review procedures and responsibilities. New Employee Orientation training will include information on incident reporting and procedures. Employees involved in record entry and record keeping will be trained in the company and statutory requirements.

## **Program Audits**

The effectiveness of a program can only be accomplished if the program is implemented and maintained. Periodic reviews and audits shall be conducted to confirm that all employees are familiar with the incident reporting requirements and that the program is managed properly. These audits will consist of:

1. Annual review of accident reports to ensure all records have been maintained and are complete.
2. Annual review of the program with company insurance carriers and workers compensation third party provider.
3. Annual refresher training for employees involved in record entry and record keeping
4. Annual refresher training for all employees detailing the accident reporting procedures.

## **Recording Injuries & Illnesses**

Basic recordkeeping concepts and guidelines are included with instructions on the back of form OSHA No. 300. The following summarizes the major recordkeeping concepts and provides additional information to aid in keeping records accurately.

### **General Concepts of Recordability**

1. An injury or illness is considered work related if it results from an event of exposure in the work environment. The work environment is primarily composed of: (1) The employer's premises, and (2) other locations where employees are engaged in work-related activities or are present as a condition of their employment. When an employee is off the employer's premises, work relationship must be established, when on the premises, this relationship is presumed. The employer's premises encompass the total establishment. This includes not only the primary facility, but also such areas as company storage facilities, cafeterias, and rest rooms. In addition to physical locations, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.
2. All work-related fatalities are recordable.
3. All recognized or diagnosed work-related illnesses are recordable,
4. All work-related injuries requiring medical treatment or involving loss of consciousness, restriction of work or motion, or transfer to another job are recordable.

## **Analysis of Injuries**

### **Recordable and non-recordable injuries.**

Each case is distinguished by the treatment provided; i.e., if the injury was such that medical treatment was provided or should have been provided, it is recordable; if only first aid was required, it is not recordable. However, medical treatment is only one of several criteria for determining recordability. Regardless of treatment, if the injury involved loss of consciousness, restriction of work or motion, or transfer to another job, the injury is recordable.

### **Medical treatment.**

The following procedures are generally considered medical treatment, Injuries for which this type of treatment was

Provided, or should have been provided are almost always recordable if the injury IS work related:

1. Treatment of INFECTION
2. Application of ANTISEPTICS during second or subsequent visit to medical personnel

3. Treatment of SECOND OR THIRD DEGREE BURN(S)
4. Application of SUTURES (stitches)
5. Application of BUTTERFLY ADHESIVE DRESSING(S) or STERI STRIP(S) in lieu of sutures
6. Removal of FOREIGN BODIES EMBEDDED IN EYE
7. Removal of FOREIGN BODIES FROM WOUND; if procedure is COMPLICATED because of depth of embedment, size, or location
8. Use of PRESCRIPTION MEDICATIONS (except a single dose administered on first visit for minor injury or discomfort)
9. Use of hot or cold SOAKING THERAPY during second or subsequent visit to medical personnel
10. Application of hot or cold COMPRESS(ES) during second or subsequent visit to medical personnel
11. CUTTING AWAY DEAD SKIN (surgical debridement)
12. Application of HEAT THERAPY during second or subsequent visit to medical personnel
13. Use of WHIRLPOOL BATH THERAPY during second or subsequent visit to medical personnel
14. POSITIVE X-RAY DIAGNOSIS (fractures, broken bones, etc.)
15. ADMISSION TO A HOSPITAL or equivalent medical facility FOR TREATMENT

### **First Aid Treatment.**

The following procedures are generally considered first aid treatment (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded if the work-related injury does not involve loss of consciousness, restriction of work or motion, or transfer to another job:

1. Application of ANTISEPTICS during first visit to medical personnel.
2. Treatment of FIRST DEGREE BURN(S)
3. Application of BANDAGE(S) during a visit to medical personnel
4. Use of ELASTIC BANDAGE(S) during first visit to medical personnel
5. Removal of FOREIGN BODIES NOT EMBEDDED IN EYE if only irrigation is required
6. Removal of FOREIGN BODIES FROM WOUND; if procedure is UNCOMPLICATED, and is, for example, by tweezers or other simple technique
7. Use of NONPRESCRIPTION MEDICATIONS AND administration of single dose of
8. PRESCRIPTION MEDICATION on first visit for minor injury or discomfort
9. SOAKING THERAPY on initial visit to medical personnel or removal of bandages by SOAKING
10. Application of hot or cold COMPRESS(ES) during first visit to medical personnel
11. Application of OINTMENTS to abrasions to prevent drying or cracking
12. Application of HEAT THERAPY during first visit to medical personnel
13. Use of WHIRLPOOL BATH THERAPY during first visit to medical personnel
14. NEGATIVE X-RAY DIAGNOSIS
15. OBSERVATION of injury during visit to medical personnel

Administration of TETANUS SHOT(S) or BOOSTER(S), by itself, is not considered medical treatment. However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.