

Supervisor's Instructions and Responsibilities

Form to be completed by the supervisor:

1. SORM-703 (Incident/Accident Investigation Form)

Reporting an Injury:

When an employee reports an injury call the Workers' Compensation Coordinator in the Office of Human Resources, at 81-3555 immediately. The purpose for the immediate notification to the Workers' Compensation Coordinator is so that the coordinator can verify occurrences of an on-the-job injury to health care personnel who call as soon as the employee reaches the health care facility. If the coordinator has no knowledge of the injury, then the injured employee may be kept waiting for medical attention until the supervisor can be located and the injury verified.

Immediately complete the Supervisor's First Report of Injury or Illness and submit to Human Resources within 24 hours of notification. Injuries involving lost time that are submitted late are subject to monetary fines that will be charged back to the department. **DO NOT HOLD THE SORM-703 (Incident/Accident Investigation Form)**. If the supervisor cannot fully complete the form, he/she should still forward it to the Office of Human Resources within 24 hours with a notation that further information is needed.

Employee Forms:

1. SORM-16 (Authorization for Release of Information)
2. SORM-80 (Employee's Election Regarding Utilization of Sick and Annual Leave)
3. SORM-29 (Employee's Report of Injury)
4. SORM-74 (Witness Statement) This form is for witnesses to complete if applicable.

Please provide the employee instructions and forms to the injured employee at the time of the injury.

Responsibilities Regarding Employees on Medical Leave

If an employee is on medical leave, the employee must keep the supervisor informed of absences and medical progress and submit all doctor statements. If, however, a supervisor does not hear from an employee whose off-work date has expired, it is a supervisory responsibility to contact the employee. If the employee cannot be reached and has not returned to work, please contact the Office of Human Resources at 81-3555.

Instructions for the Incident/Accident Investigation Form (SORM-703)

Purpose of Form: Effective loss control efforts require documentation of incidents and accidents to determine hazards or problem areas, procedures, or systems and to perform trending. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. The SORM 703 provides an outline of needed information. The document becomes a legal accounting of the facts surrounding the incident/accident.

Filing Deadline: If the incident or accident resulted in the filing of a workers' compensation claim, the form must be received by SORM not later than the **7th calendar day** after the filing of the TWCC 1s. Agencies having an established investigation procedure and form that meets or exceeds the requirements of the SORM 703 may, after review and approval by the SORM Risk Specialist assigned to the agency, continue to use the form. All other agencies must use this form.

Completed by: The Agency Accident Investigator (Supervisor)

A. Employee Data

Complete the top of the form with the identifying information and the date and time of the incident/accident. If a claim has been filed, complete the space for the claim number.

B. Incident Description

Attachment 1 contains benchmarked accident investigation procedures. Sufficient action is necessary to ensure that all facts surrounding the incident/accident are obtained so that effective loss control procedures can be established to protect against future incidents/accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the incident happen? – Go to the scene. Provide a visual image of the location of the incident. The reader should be able to visualize the area and the surrounding environment.
2. What was happening at the time of the incident? – Document the sequence of events leading up to the incident/accident. Include names of people interviewed and activities surrounding the event.
3. Describe any injury incurred, body parts and kind/s of injury/ies. – Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved.
4. What exactly caused the physical injury, or if an injury was avoided, what could have caused an injury? – What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?

C. Investigation Results

5. After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?

D. Corrective Action

6. What is recommended to help prevent this type of incident/accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes
7. Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

State Office of Risk Management
Incident/ Accident Investigation FORM 703

A. Employee Data			Claim # (if known):			
Date of incident:				Time:		A.M P.M.
Employee Name:						
Working Title:				Dept.		
Employee Contact #:	Hm.		Wk.		Other	
Supervisor Contact:					Wk	

B. Incident Description

Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes a legal accounting of the facts surrounding the incident/accident. When documenting the facts, include answers to the following questions:

1. Where did the incident happen? Provide a full description of the surroundings of the location.
2. What was happening at the time of the incident? What were the events leading up to the incident?
3. What exactly caused the physical injury? What were the mechanics involved? Or, if a physical injury was avoided, what could have happened to cause an injury?
4. Describe any injury incurred by the employee, what body part/s and what kind/s of injury/ies. If there are no injuries, so state.

C. Incident Findings

After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?

D. Corrective Action

What is recommended to prevent this type of incident/accident from occurring again?

Actions taken to ensure recommendations are considered:

Signature of Accident Investigator

Date

Time

For HR Management Use

Internal Distribution: Original: Agency Risk Manager or Risk Management Contact

Copies: Agency Safety Officer
Employee's Supervisor
Director/Manager of Department or Section

Maintain one copy in any retrievable format in the site file for a minimum of 3 years, or in the case of an occupational illness or injury, for 30 years.

Note: If a workers' compensation claim is filed, send:

- Fax a copy to the State Office of Risk Management (SORM) Claims Department at 512-472-0237.

ACCIDENT INVESTIGATION BEST PRACTICES

I. Fact-Finding

1. Emphasis is placed on gathering facts; not to place blame, or determine the cause of accident.
2. Inspect the accident site before any changes occur.
3. Preserve essential and critical evidence.
4. Take photographs and/or make sketches of the accident scene.
5. Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
6. Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
7. Ask *who, what, when, where, why, and how* during interviews.
8. Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
9. Remain completely objective during interviews and in documentation – no opinions, just the facts.
10. Keep complete and accurate notes.

II. Interviews

1. Get preliminary statements from victims and witnesses as soon as possible.
2. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
3. Let each witness speak freely and take notes without distracting the witness.
4. Record the exact words used by the witness to describe each observation.
5. Be sure that the witness understands each question.
6. Identify the witness completely (name, occupation, years of experience, phone number).
7. Supply each witness with a copy of his or her statement (signed statements are desirable).

III. Accident Reconstruction

1. Develop a sequence of events from the information obtained from the victims and witnesses.
2. Identify hazardous conditions present during the accident.
3. Identify unsafe work practices present during the accident.
4. Identify system issues that caused or contributed to the accident.
5. Determine root causes of the accident by Fault Tree Analysis, Job Safety Analysis, or other methods.
6. If discrepancies exist, contact SORM claims adjuster regarding the discrepancies, and possibly seek assistance from professional accident investigator/reconstructionist.

IV. Investigation Reporting

1. Provide complete, thorough information about the accident (the *who, what, when, and where* data).
2. Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
3. Identify hazardous conditions and/or unsafe work practices for each event of the accident.
4. Identify the root cause of each hazardous condition or unsafe work practice.
5. Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions, unsafe work practices, and root causes.
6. Describe the corrective actions recommended, the persons who are accountable for each corrective action, and the approximate time frame for correction.

V. Corrective Actions

1. Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.
2. Recommend long-term corrective actions that correct policies, programs, plans, processes, and/or procedures.
3. Recommend engineering controls, administrative controls, and/or personal protective equipment.
4. Estimate the cost to implement each immediate and long-term corrective action.
5. Develop an action plan for each corrective action.
6. Monitor implementation of the action plan to ensure appropriate corrective action is taken.

Employee's Instructions and Responsibilities

Forms to be completed by the employee:

1. SORM-16 (Authorization for Release of Information)
2. SORM-80 (Employee's Election Regarding Utilization of Sick and Annual Leave)
3. SORM-29 (Employee's Report of Injury)

Employees are responsible for reading and becoming familiar with the following information that outlines the injured employee's rights and responsibilities. If there are any questions please contact the Office of Human Resources at 81-3555.

Reporting an Injury

An employee should report an injury or job-related illness to the immediate supervisor within 24 hours of the incident. By law, the employee has up to 30 days from the date of the injury to report it; however, if the employee does not meet the 30 day deadline, the claim may be denied.

Responsibility of the Employee while on Medical Leave

It is the employee's responsibility to keep in weekly contact with the supervisor when the employee has been removed from work by a physician. The employee must submit a DWC-73 (Work Status Report) indicating the specific dates the employee is unable to return to work.

An employee may be placed on leave of absence without pay when available paid state leave is exhausted. If the maximum leave period expires and the employee has not returned to work, then the employee will be terminated.

Family Medical Leave Act (FMLA)

If the employee is removed from work by a physician, then the employee should apply for FMLA. If an employee is approved for FMLA the employee will be allowed to keep the state contribution for his/her health insurance and be restored to the same or equivalent position for up to 12 weeks. The FMLA policy and forms are located on the benefits website at the following link: http://www.twu.edu/humanresources/FMLAPolicy_324.htm.

Insurance While on Leave Without Pay

If an employee's insurance must be canceled for non-payment of premiums while the employee is on LWOP, insurance will be reinstated once the employee returns to work.

Returning to work

Employees are expected to report to work immediately at the beginning of their regularly assigned work shift upon release from a physician. The employee must bring the DWC-73 (Work Status Report) with them to submit to their supervisor when returning.