



Environmental Health and Safety

SOP #EHS-006

Work Related Accident Investigation Procedures

Version 1.0

Effective: 10/30/23

Revised: New Document

ENABLING DRIVER – POLICIES, REGULATIONS OR STANDARDS

1. University Policy 4.1.2, Environmental Health and Safety, <https://www.fau.edu/policies/files/4.1.2%20Environmental%20Health%20and%20Safety.pdf>

1. PURPOSE:

The university has a vital interest in protecting the health and safety of its students, faculty, staff, and visitors. Accordingly, the university works constantly to identify, mitigate, and make every effort to eliminate potential hazards. Despite these efforts, employees may be injured or become ill due to the conditions of their job. This procedure outlines the procedures for thorough and efficient management of work-related accidents and near misses.

2. APPLICABILITY AND SCOPE:

This policy applies to Florida Atlantic University employees and volunteers while they are acting in the course and scope of their employment.

3. CONCEPTS AND DEFINITIONS:

3.1. Definitions

- 3.1.1. **Accident investigation** – The accident investigation is an analysis of the facts that occurred during an accident. An investigation is conducted to identify the root cause of an accident in an effort to take corrective actions to prevent the future occurrence of the same or a similar event.
- 3.1.2. **Employees:** For purposes of this policy, employees include all university employees and volunteers, but do not include students who are not employed by a department or unit.
- 3.1.3. **Serious injury or illness:** A condition that is acute and poses an immediate risk to a person's life or long-term health. (Examples include, but are not limited to, unconsciousness, suspected stroke, heavy blood loss, suspected broken bones, a deep wound, a suspected heart attack, difficulty breathing, severe burns, or a severe allergic reaction.)
- 3.1.4. **Interim Controls** – Interim controls means a set of measures designed to temporarily reduce human exposure or likely exposure to hazards including, but not limited to, signage, barriers, guarding, modified work practices, engineering controls, or the use of personal protective equipment, if those measures are reasonably expected to adequately reduce the likelihood of an accident/injury pending the implementation of permanent corrective actions. Interim controls are not intended to be utilized for extended periods of time, only to bridge the gap between identification of the hazard and completion of permanent corrective actions. Interim controls must be approved by the Director, Environmental Health and Safety.

SOP# EHS-006 – Work Related Accident Investigation Procedures

- 3.1.5. **Work-Related** – For the purposes of this document, “work-related” refers to an accident or near miss occurs in the work environment, either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury/illness and arose out of the course and scope of the employee’s job.
- 3.1.6. **Accident** – For the purposes of this document, an accident is an unforeseen event in the workplace that results in an injury, or a casualty, to an employee.
- 3.1.7. **Near Miss** - A near-miss is a potential hazard or incident in which no property was damaged, and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.

4. RESPONSIBILITIES:

4.1. Supervisors

- 4.1.1. Contact 911 in the event of an emergency illness or injury involving an employee/volunteer
- 4.1.2. Contact AmeriSys (with or without employee/volunteer present) immediately following a accident involving an injury or as soon thereafter.
- 4.1.3. Complete an **FAU Report of Work-Related Accident / Near Miss** for all work-related accidents/near misses.
- 4.1.4. Submit an **FAU Report of Work-Related Accident / Near Miss** to EH&S within 24 hours of the occurrence of an accident/near miss involving an employee.
- 4.1.5. Collaborate with EH&S on any accident/near miss investigation.
- 4.1.6. Initiate interim controls to immediately eliminate or guard against existing hazards.
- 4.1.7. Implement corrective actions identified in the accident/near miss investigation.
- 4.1.8. Ensure all employees are trained on this procedure

4.2. Employees/Volunteers

- 4.2.1. Contact 911 in the event of an emergency illness or injury involving themselves or a coworker
- 4.2.2. Report all accidents or near misses to direct supervisor immediately or as soon as possible thereafter.
- 4.2.3. Provide information and expertise during the accident investigation
- 4.2.4. Comply with all interim controls and corrective actions which are implemented in their work areas
- 4.2.5. Notify a supervisor immediately upon discovery of any hazard or unsafe condition in their work environment.

4.3. Environmental Health and Safety

- 4.3.1. Review all accident/near miss reports
- 4.3.2. Recommend interim controls, if not already in place.
- 4.3.3. Develop appropriate corrective actions in collaboration with supervisors and employees

SOP# EHS-006 – Work Related Accident Investigation Procedures

4.3.4. Conduct follow-up to evaluate the efficacy of interim controls and corrective actions.

5. SPECIFIC PROCEDURES/PROCEDURAL STEPS:

5.1. Emergency Illness or Injury

5.1.1. If an employee sustains a serious injury or becomes seriously ill, the supervisor or co-workers should call 911. After ensuring that immediate medical care has been provided, the supervisor must call AmeriSys at 1-800-455-2079 to report a job-related incident. The supervisor must also notify the Environmental Health & Safety Department at ehs@fau.edu and Human Resources at empl@fau.edu as soon as possible.

5.1.2. The supervisor must email the completed **FAU Report of Work-Related Accident / Near Miss** to EH&S (ehs@fau.edu) within 24 hours of the illness or injury or as soon as possible thereafter.

5.1.3. The supervisor must initiate immediate interim controls to all hazards present which contributed to the accident.

5.2. Non-Emergency Illness or Injury

5.2.1. With the ill or injured employee present, the supervisor should report the work-related injury to the AmeriSys triage nurse at 1-800-455-2079 and follow the instructions provided. AmeriSys is available 24/7.

5.2.1. The supervisor must email the completed **FAU Report of Work-Related Accident / Near Miss** to EH&S (ehs@fau.edu) within 24 hours of the illness or injury or as soon as possible thereafter.

5.2.2. If the illness or injury is not job-related, the employee or the employee's insurance carrier will be responsible for any costs involved for transportation to a treatment center and for any services rendered.

5.3. Accident Investigation

SOP# EHS-006 – Work Related Accident Investigation Procedures

- 5.3.1. EH&S will contact the supervisor as soon as possible following notification of the accident/near miss to begin the investigation process.
- 5.3.2. The investigation may include an on-site walkthrough of the scene where the accident/near miss occurred, evaluation of facilities and equipment, and observation of interim controls, if applicable. The investigation may include interviews with supervisors, employees, and other subject matter experts.
- 5.3.3. The supervisor and other department leadership will be notified of required corrective actions and the timeline for implementation.
- 5.3.4. EH&S will complete the EH&S Only portion of the **FAU Report of Work-Related Accident / Near Miss** and forward to the supervisor and other leadership for the unit for recordkeeping purposes.
- 5.3.5. EH&S will conduct follow-up evaluations of the corrective actions to ensure efficacy.

6. RELATED DOCUMENTS:

FAU Report of Work-Related Accident / Near Miss

7. DOCUMENT MANAGEMENT AND CONTROL:

SOP Owner/Contact	Wendy Ash Graves
SOP Preparer	Wendy Ash Graves
Approved by	Wendy Ash Graves
Date Approved	10/30/2023
Last Revision Date	New Document
Last Revision By	Wendy Ash Graves
Next Review Due	10/30/2028
Review Frequency	5 years
Version	01
Time Sensitive Items	

8. RECORD OF CHANGES:

Version	Date	Summary of Change	Reviewed By
	10/30/2023	<ul style="list-style-type: none">• New Document	<ul style="list-style-type: none">• W. Ash Graves

FAU Report of Work-Related Accident / Near Miss

Instructions: This form shall be used to report *all* work-related accidents or near miss events that occur at FAU. This helps us identify and correct hazards before they cause additional injuries to personnel or damage to property. This form shall be completed by employees / supervisors ***by the end of the shift in which the accident took place***. In the event of **multiple or serious injuries or death EHS must be notified immediately**.

Note: *If more than one (1) employee is injured, you must fill out a separate Accident / Near Miss form for each employee.*

Terms: **Accident** is an unwanted outcome of an event that resulted in injuries to a person or persons. **Near Miss** is an event that could have caused an accident

SECTION I: EMPLOYEE INFORMATION

1. Report Type: <input type="radio"/> accident <input type="radio"/> near miss.		2. Date of accident/near miss:	
3. Supervisor has been notified? <input type="radio"/> Yes <input type="radio"/> No		4. Time of accident/near miss:	
5. Did this injury occur while the employee was working? <input type="radio"/> Yes <input type="radio"/> No		6. Were there three (3) or more employees injured in this event? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	
THIS QUESTION IS FOR EMPLOYEES ONLY			
7. If there has been a work related accident, have you called and reported it to <u>AmeriSys</u> at 800-455-2079? <input type="radio"/> Yes <input type="radio"/> No			
8. Injured Worker: <input type="checkbox"/> Regular full time employee <input type="checkbox"/> Regular part time employee <input type="checkbox"/> Student Worker <input type="checkbox"/> Temporary employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
9. Department Name:		10. Division Name:	
14. Employee Name:		15. Employee Job Title:	16. Employee Phone Number:
17. Supervisor Name:		18. Supervisor Job Title:	19. Supervisor Phone Number:

SECTION 2: ACCIDENT / NEAR MISS INFORMATION

20. Were tools, equipment, vehicles, or other objects involved? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know		21. If yes, what was it?	22. Choose all that apply as a result of the event: <input type="checkbox"/> First Aid <input type="checkbox"/> Reporting <input type="checkbox"/> Medical Care <input type="checkbox"/> Days Off <input type="checkbox"/> Light Duty <input type="checkbox"/> Death
22. Were any motor vehicles involved? <input type="radio"/> Yes <input type="radio"/> No		23. Motor Vehicle owner: <input type="checkbox"/> State <input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Others <input type="checkbox"/> Not Applicable	
24. Is there Property Damage involved? <input type="radio"/> Yes <input type="radio"/> No		25. What property was damaged?	
26. Names of witnesses (if any):			
27. Provide the specific building, room, area, and street in which the event occurred:			
28. What were you doing at the time?			
29. Describe step by step what led up to the accident/near miss.			

30. What could have been done to prevent this accident/near miss?

31. Has the employee been trained in safety practices related to this event? Yes No Don't Know. If yes, when? / /

32. Has the employee been trained in the use of Personal Protective Equipment related to this event? Yes No Don't Know
 Not Applicable If yes, when? / /

33. Was the employee wearing Personal Protective Equipment at the time of the accident? Yes No Don't Know Not Applicable

34. Protective Eye Wear	35. Safety Shoe	36. Goggles	37. Gloves	38. Hearing Protection	39. Respiratory Protection	40. Other PPE
<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Prescribed Glasses with Side Shield <input type="checkbox"/> Other	<input type="checkbox"/> Toe Protection <input type="checkbox"/> Electrical <input type="checkbox"/> Slip Resistant	<input type="checkbox"/> Dust <input type="checkbox"/> Chemical Other	<input type="checkbox"/> Nitrile <input type="checkbox"/> Cotton <input type="checkbox"/> Leather <input type="checkbox"/> Electrical <input type="checkbox"/> Other	<input type="checkbox"/> Ear Muffs <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Other	<input type="checkbox"/> Disposable Dust Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Half Face <input type="checkbox"/> Other	Specify: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

41. If this is a near miss, how could you or someone else have been injured?

42. To Be Completed by Supervisor: What corrective action(s) have you implemented since the injury or near miss to protect the employee? (or comments/suggestions)

SECTION 3: Supervisor/Employee Signatures

43. **Supervisor:** I have read and completed this report based on my notes, employee assistance, or other means.

44. Supervisor Signature:	45. Date:	46. Supervisor Email:
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47. **Acknowledgement:** I acknowledge the information is accurate and completed to the best of my knowledge.

48. Employee Signature:	49. Date:	50. Email:
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51. Name and Signature of individual Completing Report (If not Employee or Their Supervisor):

SECTION 4: EH&S Use Only

Root cause:

Detailed Corrective Action:

EH&S Investigation Complete <input type="radio"/> Yes <input type="radio"/> No	Status: <input type="checkbox"/> Pending completion of corrective action <input type="checkbox"/> Corrective Action Complete	Update
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EH&S Representative Name:	EH&S Representative Signature:	Date:
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