Work Related Accident Investigation Procedures

Version 1.0

Effective: 10/30/23
Revised: New Document

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.
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
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
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:

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<td>10/30/2023</td>
<td>• New Document</td>
<td>• W. Ash Graves</td>
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**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.

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### SECTION I: EMPLOYEE INFORMATION

| 1. Report Type: | ☐ accident ☐ near miss. |
| 2. Date of accident/near miss: |
| 3. Supervisor has been notified? | ☐ Yes ☐ No |
| 4. Time of accident/near miss: |
| 5. Did this injury occur while the employee was working? | ☐ Yes ☐ No |
| 6. Were there three (3) or more employees injured in this event? | ☐ Yes ☐ No ☐ 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 AmeriSys at 800-455-2079?  
   ☐ Yes ☐ No

8. Injured Worker: ☐ Regular full time employee ☐ Regular part time employee ☐ Student Worker ☐ Temporary employee ☐ Volunteer ☐ Other

9. Department Name:  
10. Division Name:  

11. Employee Name:  
12. Employee Job Title:  
13. Employee Phone Number:  

14. Supervisor Name:  
15. Supervisor Job Title:  
16. Supervisor Phone Number:  

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### SECTION 2: ACCIDENT / NEAR MISS INFORMATION

| 20. Were tools, equipment, vehicles, or other objects involved? | ☐ Yes ☐ No ☐ Don’t Know |
| 21. If yes, what was it? |
| 22. Choose all that apply as a result of the event: ☐ First Aid ☐ Reporting ☐ Medical Care ☐ Days Off ☐ Light Duty ☐ Death |
| 23. Motor Vehicle owner: ☐ State ☐ Student ☐ Faculty/Staff ☐ Contractor ☐ Others ☐ Not Applicable |
| 24. Is there Property Damage involved? | ☐ Yes ☐ 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**
   - Safety Glasses
   - Prescribed Glasses with Side Shield
   - Other

35. **Safety Shoe**
   - Toe Protection
   - Electrical
   - Slip Resistant
   - Other

36. **Goggles**
   - Dust
   - Chemical
   - Leather
   - Electrical
   - Other

37. **Gloves**
   - Nitrile
   - Cotton
   - Leather
   - Electrical
   - Other

38. **Hearing Protection**
   - Ear Muffs
   - Ear Plugs
   - Other

39. **Respiratory Protection**
   - Disposable Dust Mask
   - Full Face
   - Half Face
   - Other

40. **Other PPE**
   - Specify:
     - _________
     - _________
     - _________

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)

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**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:**

47. **Acknowledgement:**
   - I acknowledge the information is accurate and completed to the best of my knowledge.

48. **Employee Signature:**

49. **Date:**

50. **Email:**

51. **Name and Signature of individual Completing Report (If not Employee or Their Supervisor):**

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**SECTION 4: EH&S Use Only**

**Root cause:**

**Detailed Corrective Action:**

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<tr>
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<th>EH&amp;S Representative Signature:</th>
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**Update**

**Date:**