

Standard Operating Procedure on incident reporting and investigation SUNY-ULSTER 2014

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For all staff, faculty, students, and visitors carrying out work in laboratories, workplaces, classrooms and fields at SUNY-Ulster Stone Ridge, NY and the Business Resource Center, Kingston, NY.

1. Aim

This SOP is to ensure that all staff, faculty and students know the protocol for reporting workplace incidents (namely: accidents, near misses, occupational diseases and dangerous occurrences), and carry out appropriate investigations to reduce any potential workplace risks.

2. Introduction

Workplace safety improves through reporting of workplace incidents. Investigation further reveals the necessary safety measures to be implemented to prevent similar events from happening again. This is in support of SUNY's Procedure Title: Reporting Accidents; Document Number: 6607; Effective Date: March 01, 2007; this procedure item applies to: State-Operated Campuses.

3. Scope

This SOP covers all workplaces and is applicable to all staff, faculty, students and visitors. It does not include motor vehicle accidents or injuries sustained from workplace violence.

4. Definitions

4.1 **Dangerous occurrence** is an incident which does not involve the death or injury of any person at work. Examples are, but not limited to:

4.1.1 **Bursting of equipment part moved by mechanical power**

4.1.2 **Collapse or failure of lifting equipment**

4.1.3 **Explosion of any form**

4.1.4 **Uncontrolled fire of any form or size**

4.1.5 **Spill or any unintentional release of hazardous material**

4.1.6 **Damage to property**

4.2 **Accident** is a workplace incident that resulted in the injury or death of any person.

4.3 **Occupational disease** is a disease or condition caused by actions or exposures at the workplace. Examples: repetitive strain disorder, mesothelioma, noise induced deafness, or occupational asthma.

5. Incident Reporting Procedures

Incidents are to be reported and investigated by using the procedure below:

5.1 Investigating and reporting an accident

When an accident occurs (No Fire)		
Scenario	What to do	Further actions
No injury or minor injury which does not require medical attention	Inform security desk at 5023 (non-emergency #)	Security rep to complete incident report.
Serious injury which requires medical attention	Call security emergency line 5221. Security will decide on calling in Health Services, transporting the affected person after hours, or calling for an ambulance	Security to start incident report form, make copy and send to health services for completion.
Injured person is unconscious	Call security emergency line 5221. DO NOT ENTER A DANGEROUS	Security to start incident report, copy and send to health services and chemical safety if

	ATMOSPHERE!!	necessary.
Death or 2 or more employees hospitalized from the incident	Call security emergency 5221 Death or hospitalization must be reported to NYDSOH within 8 hours	Security to start Incident report, copy and send to human resources and health services. Notify the Chemical safety coordinator if applicable.

*When an accident results in the loss of one or more full work shifts or days of class time, it is considered a lost-time or disabling injury and should be reported as a major injury.

5.2 Reporting a Dangerous Occurrence

When a dangerous occurrence happens...		
Scenario	What to do	Further actions
During business hours 8am-5pm	Call security emergency 5221	Security to inform any and all applicable parties. Start the incident report.
After hours 5pm-8am	Call security emergency 5221	Security is the only emergency staff after 5pm weekdays and all hours on weekends. Start the incident report form.

5.3 Reporting an occupational disease

When an occupational disease has been diagnosed on the injured by a medical doctor		
Scenario	What to do	Further actions
Whether the injured is given medical leave time or otherwise	Injured to notify supervisor and security immediately	Incident report form started by Security , copy and send to supervisor and health services

6. Documentation

All incidents reporting and investigation must be documented, filed and made available to management and supervisors to re-conduct risk assessment and training if necessary. A report should be initiated by any employee of the college who experiences an accident or near miss and forwarded to the security office for further action and notifications.

7. Incident Report and investigation form

All incidents to be reported should use the attached form



#Report of accident or injury

1. Date and time of incident mm/dd/yy _____ : _____ am/pm
2. Date of report mm/dd/yy _____
3. Did accident involve personal injury? Yes _____ No _____
4. Victim status: student _____ faculty/staff _____
Patrol officer _____ FSA _____ vendor _____ visitor _____ other _____
5. Name of office or department where employee is regularly assigned _____
6. Sex: male _____ female _____ 7. D.O.B. mm/dd/yyyy _____ 8. last 4 digits of SS# XXX-XX- _____
9. Marital status: single _____ married _____ separated _____ divorced _____ unknown _____
10. Job title and grade _____
11. Employment date mm/dd/yyyy _____ 12. Was victim in authorized area? Yes _____ No _____
12. Name of victim (PRINT LAST NAME, FIRST, MI) _____
13. Home address: _____

Telephone _____
14. Name of reporter of incident (PRINT- LAST, FIRST, MI) _____
15. Reporters address _____

Telephone _____
16. Reporter of incident: Faculty/staff _____ Victim _____ Other _____
17. General area of occurrence: Dining hall _____ Academic _____ Gym _____ Admin. _____ Parking lot _____
Grounds _____ Laboratory _____ Hallway _____ Office of _____
18. Specific area of occurrence _____ Room _____
19. Physical injury: part of body injured (ONLY ONE, MOST SERIOUS)
Abdomen _____ Ankle _____ Arm _____ Back _____ Chest _____ Elbow _____ Eye _____ Face _____ Finger _____ Foot _____ Hand _____ Head _____
Hip _____ Knee _____ Leg _____ Lip _____ Neck _____ Nose _____ Shoulder _____ Spine _____ Teeth _____ Thigh _____ Toes _____ Trunk _____ Wrist _____
20. Type of physical injury: (ONLY ONE)
Abrasion _____ Amputation _____ Bruise _____ Burn _____ Burn(chemical) _____ Concussion _____ Cut _____ Dislocation _____
Fracture _____ Laceration _____ Puncture _____ Swelling _____ Tooth(broken) _____ Sprain _____ Strain _____ Other _____
21. Extent of physical injury: Fatal _____ Major _____ Minor _____
22. Nature of physical injury: Temporary _____ Permanent _____
23. Accident is: Athletic _____ Academic _____ Job related _____ Other _____
24. Were safeguards provided? Yes _____ No _____ If yes, describe _____
25. Were safeguards in use? Yes _____ No _____ If yes, describe _____
26. Are there witnesses? (List in narrative) Yes _____ No _____
27. Medical assistance rendered:

First aid by staff _____ Hospital _____ Ambulance _____ Other _____

28. Name and address of physician _____

29. Name and address of hospital _____

30. Has employee returned to work? Yes ___ No __ (If yes, date: mm/dd/yy _____)

31. Does the employee have restricted duties? Yes _____ No _____

32. Supervisor notified? Yes ___ No ___ Date/Time _____

33. Name of supervisor _____

NARRATIVE: Give a brief description of who, what, where, when, how, etc.) List witnesses names and addresses.

Report completed by: _____ Title _____ Date _____

Safety supervisor's signature _____ Title _____ Date _____