

# Chapter 4

## ACCIDENTAL INJURY REPORTING

### A. References

1. [SPPM 2.24 Accident Reporting and Follow-Up](#)
2. [SPPM 2.26 Investigating Accidents](#)
3. Human Resource Services Incident Report Information
  - a. [Incident Report Form](#)—Requires network authentication.
  - b. [Supervisor's Accident Investigation Report](#)
  - c. [Witness/Injured Person Statement Form](#)
4. [Online Incident and Accident Investigation Reporting Flowchart](#)
5. [Motor Vehicle Safety—Accidents: SPPM 7.20](#)
6. [Motor Vehicle Accident Form](#)

### B. Appendices

- Appendix 1 – Incident Report Flowchart
  - <http://cas.wsu.edu/safety/documents/2021/10/incident-reporting-flowchart.pdf>
- Appendix 2 – Incident Report example
- Appendix 3 – Supervisor's Accident Investigation Report example

### C. Purpose

This chapter establishes requirements, responsibilities, and procedures for reporting significant near misses, incidents resulting in injury, work related illness or death, and accidents involving property damage.

### D. Scope

All significant near misses, accidental injuries, work-related illnesses, and accidents resulting in property damage must be reported to supervisors immediately for evaluation and investigation. WSU must report employee fatalities or in-patient hospitalizations within eight (8) hours of the incident. WSU must report non-hospitalized employee amputations or loss of an eye within twenty-four (24) hours of the incident. Contact EH&S (509-335-3041) immediately after seeing to proper medical care/first aid/treatment for all major incidents. Do not disturb the scene of a major accident except to attend to the affected employee(s) and/or prevent further injury. The scene must otherwise remain intact to support WSU's and L&I's accident investigation.

Supervisors must report any significant near miss, accidental injury, or work-related illness within 24 hours of occurrence by submitting an online [Incident Report](#) (requires network authentication), and if required, a Supervisor's Accident Investigation Report. Reference section F and the reporting flowchart in Appendix 1 of this chapter for more information on report submission requirements.

In the absence of the supervisor, it is the Manager's, Director's, or Chair's responsibility to ensure the required documentation is submitted. Procedures for reporting accidents/injuries and work-related illnesses are documented in the [WSU Safety Policies and Procedures Manual, section 2.24](#).

- **Reporting:**
  - An online, interactive reporting flowchart to aid in determining what forms to submit is available at the link below.
    - <https://cas.wsu.edu/safety/incident-reporting-flowchart/>
  - Incident Report:
    - Incident Reports are used as the first-line reporting method for all significant near misses, accidental injuries, work-related illnesses, and accidents resulting in property damage.
    - Incident reports are required for all employees, students, volunteers, and visitors for incidents that occur in any College of Arts and Sciences (CAS) facility or at any CAS event, on campus or off campus while conducting University business.
    - Anyone can submit an Incident Report on behalf of someone else, and anyone can submit an Incident Report on their own behalf. For WSU employees, however, an Incident Report is preferably submitted by the injured person's supervisor.
  - Supervisor's Accident Investigation Report:
    - In addition to an Incident Report, a Supervisor's Accident Investigation Report *may* be required in addition to an Incident Report.
    - Use the interactive online incident and accident investigation tool (link above or in A. References, above) or see the flow chart in Appendix 1 to determine if you need to submit a Supervisor's Accident Investigation Report.
      - If you're still unsure, call EH&S at 509-335-3041 to discuss the incident.
- **Identifying a significant near miss**
  - WSU defines a significant near miss as an opportunity to improve health and safety in a workplace based on a condition or an incident with potential for more serious consequences, including:
    - Minor incidents and injuries that had potential to be more serious.
    - Events where injury could have occurred but didn't.
    - Events where property damage could have resulted but didn't.
    - Events where potential environmental damage could have resulted but didn't.
      - An example of potential environmental damage is an open container of a toxic liquid sitting next to a sink.

## E. Responsibilities

### Supervisors

- Immediately report (after ensuring appropriate treatment for injured personnel) all significant near misses, accidental injuries, and work-related illnesses.
  - Forward the Incident Report receipt email to your chair or director *and* to your unit's Safety Committee Chair.
- Supervisors are required to investigate all significant near misses, accidental injuries, and work-related illnesses. If required, supervisors also complete and submit a [Supervisor's Accident Investigation Report](#).
  - Reference section F, section H, and the reporting flowchart in Appendix 1 of this chapter for more information on Supervisor's Accident Investigation Report submission and routing requirements.
- Take action to prevent future incidents based upon the results of the investigation.
- Require all employees to immediately report all significant near misses, accidental injuries and work-related illnesses and accidents resulting in property damage.
- Complete a Motor Vehicle Accident form when employees are involved in a motor vehicle accident.

### Employees:

- Immediately report (after ensuring appropriate treatment for injured personnel) all significant near misses, accidental injuries, and work-related illnesses.
- Take action to prevent future incidents.
- Complete a [Witness/Injured Person Statement](#) when injured or when a witness to incidents.
- Complete a Motor Vehicle Accident form when involved in a motor vehicle accident.

## F. **Process for Incident Reporting and Accident Investigation Reporting for WSU Employees**

1. When an injury occurs, take measures to avoid further injury. Evaluate the severity of the injury, and if needed, call for emergency assistance at 911.
2. Responding to an injury or significant near-miss incident, the SPPM 2.20 General Workplace Safety outlines injury incident response procedures for notifying Emergency Medical Services (EMS) via 911, rendering first aid, and if necessary, transporting the injured person. Further information is available at <https://policies.wsu.edu/prf/index/manuals/2-00-contents/2-20-responding-injury-incident/>.
3. The injured employee's supervisor completes an online Incident Report within 24 hours of the incident occurring. The supervisor also conducts an incident

investigation and interviews (when feasible) the employee and any witnesses involved.

For Graduate Teaching Assistants who may work in both research and instructional lab spaces are injured, the acting supervisor responsible for incident reporting for an incident involving a TA/RA and is dependent upon where the incident occurred. If injured performing TA duties, the Instructional Lab Supervisor or faculty member in charge of instructional laboratories submits the Incident Report. If injured performing duties in a research laboratory, the Research Lab Supervisor or PI submits the Incident Report.

4. The supervisor then completes the [Supervisor's Accident Investigation Report](#) within 48 hours of the incident (see also [SPPM 2.26](#)) if any *one* of the following conditions are met.

- The employee sustains serious injury
  - Serious injury includes:
    - Death
    - Hospitalization (given a bed for an overnight stay, not just an ER visit)
    - Amputation (to include partial loss of fingers and toes)
    - Loss of an eye
  - ***If serious injury occurs, immediately contact EH&S at 509-335-5251.***
- The employee receives medical treatment
- The employee is unable to work the next full or subsequent shift(s) because of the injury or illness
- Events and conditions involving a significant near miss or minor accident indicate that most likely injury or illness would have been serious

Completed Supervisor's Accident Investigation Reports are sent to Shawn Ringo at EH&S at [ringo@wsu.edu](mailto:ringo@wsu.edu).

5. Injured persons and witnesses may complete a [Witness/Injured Person Statement](#).

6. The Department Chair or Director and the Level 4 Safety Committee Chair reviews the documents.

### **G. Process for Incident Reporting for Students, Guests, and Visitors**

Incident reports must be submitted for undergraduate students involved in an incident insofar as unit employees, such as faculty, staff, or teaching assistants, are aware of them. Units may have their own reporting processes for students involved in an incident, but incident reports can be submitted by staff or faculty. Examples

include class instructor, teaching assistant, instructional lab supervisor, or unit administrator.

1. When an injury occurs, take measures to avoid further injury, evaluate the severity of the injury, and if needed, call for emergency assistance at 911.
2. Responding to an injury or significant near-miss incident, the SPPM 2.20, General Workplace Safety, outlines injury incident response procedures for notifying EMS via 911, rendering first aid, and if necessary, transporting injured person. More information is available at the link below.

<https://policies.wsu.edu/prf/index/manuals/2-00-contents/2-20-responding-injury-incident/>.

3. Any WSU employee can submit an incident report on behalf of a student, visitor, or guest. Preferably, however, the campus host should take primary responsibility for submitting an Incident Report for visitors and guests.
4. Supervisor's Accident Investigation Reports are not required for individuals who are not employed by WSU.

#### **H. Form Distribution and Routing**

After completing the online Incident Report, automated notifications and a copy of the form are distributed to HRS, EH&S and the reporting supervisor via electronic mail.

*For all incident forms submitted for WSU employees, it is the responsibility of the supervisor to distribute a copy of the Incident Report and the Supervisor's Accident Investigation Report, if applicable, to the unit chair or director, the unit Safety Committee chair, and the College of Arts and Sciences Safety Committee chair.*

*It is the responsibility of the WSU employee who submitted the form for a student, visitor, or guest to route the Incident Report to the unit administrator and the unit safety committee chair.*

*The College-level safety committee chair will route reports received to unit safety committee chairs and to unit chairs and directors as back-up routing to ensure incident reporting is routed to appropriate personnel.*

1. The Occupational Health and Safety (OHS) Director at EH&S reviews the report and evaluates the severity or potential severity of a given incident. If a need for additional timely attention is indicated, the OHS Director will contact the supervisor to determine what corrective action has taken place or is needed.

2. Incident Reports will be held for review at the next CAS Safety Committee meeting to determine contributing causes, review recommended corrective action, and ensure completion of the corrective action. Each Incident Report and Supervisor's Accident Investigation Report will be documented in the CAS Safety Committee meeting minutes.
3. The unit safety committee documents, via meeting minutes, recommendations produced by the committee for all unit Incident Reports and Supervisor's Accident Investigation Reports and sends any recommendations to the unit administrator.
4. The unit and CAS safety committees may take corrective action or may suggest alternative action.

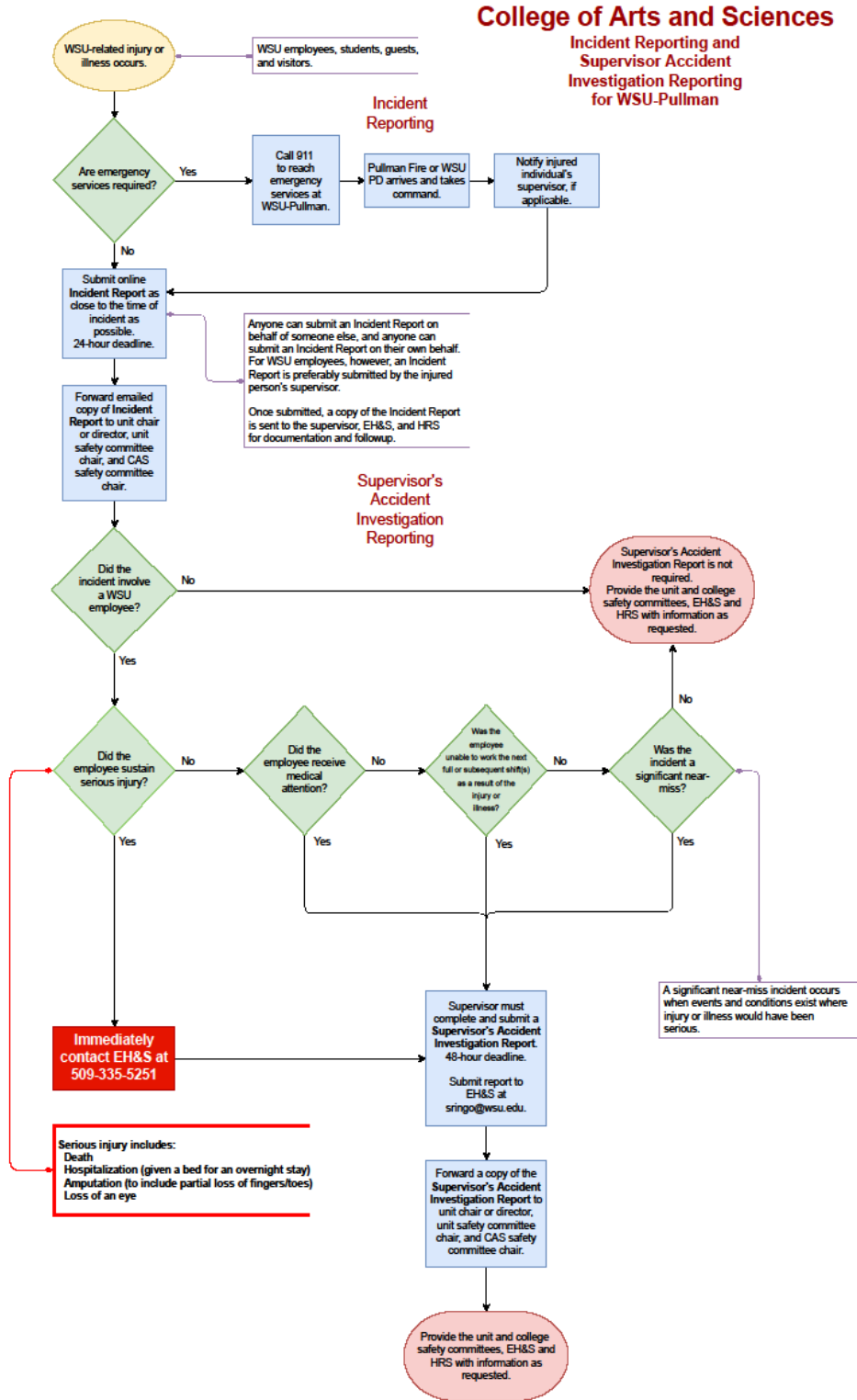
#### **I. Motor Vehicle Accidents**

For an accident involving a motor vehicle while conducting WSU business, regardless of how minor, the driver must immediately notify her or his supervisor, Risk Management, and the Motor Pool (if a Motor Pool vehicle was involved). See SPPM 7.20 for additional information: <https://policies.wsu.edu/prf/index/manuals/7-00-motor-vehicle-safety/7-20-motor-vehicle-accidents/>.

1. For an accident involving a motor vehicle with injuries (where medical aid is required), the driver must also immediately notify the local-area law enforcement department. Law enforcement personnel should investigate all accidents resulting in:
  - Damage costing over \$1,000 to motor vehicles
  - Damage to other property
  - Injuries to individuals
2. The driver must submit a completed State of Washington Vehicle Accident Report (SF-137) to their supervisor within 24 hours. The supervisor is responsible for reviewing this document and submitting the original to Risk Management and a copy to the Motor Pool (if Motor Pool vehicle involved) within two working days of the accident. The form is available at: <https://etort.des.wa.gov/incidentreport>.
3. Supervisors are responsible for ensuring the most current version of the Vehicle Accident Report (SF-137) and post motor vehicle accident instructions are available in the glove compartment of all motor vehicles prior to use.

APPENDIX 1: INCIDENT REPORT FLOWCHART

<http://cas.wsu.edu/safety/documents/2021/10/incident-reporting-flowchart.pdf>

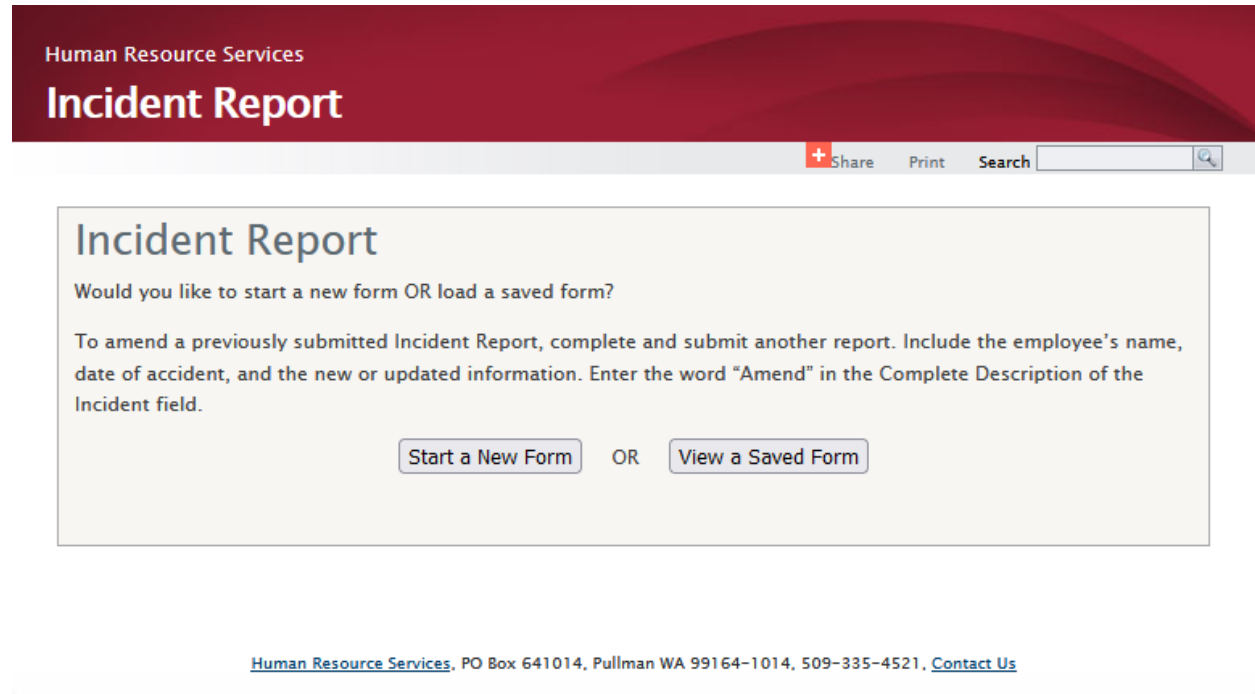


## APPENDIX 2: EXAMPLE INCIDENT REPORT

1. Incident reports are submitted online at the below link and require log-in via users' WSU Network ID. Incident Reports are primarily submitted by an employee's supervisor, but Incident Reports can be submitted for students and visitors.

[http://ihr.hrs.wsu.edu/forms/incident\\_report.aspx](http://ihr.hrs.wsu.edu/forms/incident_report.aspx)

1. For new reports, select **Start a New Form**






The screenshot shows the 'Incident Report' form interface. At the top, there is a dark red header with the text 'Human Resource Services' and 'Incident Report'. Below the header is a navigation bar with 'Share', 'Print', and 'Search' options. The main content area is titled 'Incident Report' and contains the following text: 'Would you like to start a new form OR load a saved form?'. Below this, there is a paragraph: 'To amend a previously submitted Incident Report, complete and submit another report. Include the employee's name, date of accident, and the new or updated information. Enter the word "Amend" in the Complete Description of the Incident field.' At the bottom of the main content area, there are two buttons: 'Start a New Form' and 'View a Saved Form', separated by the word 'OR'. At the very bottom of the page, there is a footer with the text: 'Human Resource Services, PO Box 641014, Pullman WA 99164-1014, 509-335-4521, Contact Us'.



2. For supervisors submitting an Incident Report for an employee, enter the employee's WSU ID number and select **Next**.

Human Resource Services

## Incident Report

 Share  Print  Search

### Affected Party

Trent, by signing in you are affirming that you are the preparer of this Accidental Injury, Work-Related Illness Report.

If you ARE the affected party, click

If you are NOT the affected party, please enter the WSUID of the affected party below.

WSUID:

If the affected party does not have a WSUID Number then  to the next section.

[Human Resource Services](#), PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

3. Verify all information that automatically populates on the Affected Party page and add the employee's scheduled work hours and days. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## Affected Party

Confirm that the following information is correct. Fill in any blank fields to the best of your abilities.

WSUID Number 12345678	Last Name of Affected Party Student	First Name & Middle Initial Graduate
E-Mail (optional) g.student@wsu.edu		Phone 509-335-3564
Department / College College of Arts and Sciences		
Status at Time of Injury Employee		
Job Title Research Assistant		
Hours Worked Each Day 8	Days Worked Per Week 5	Date of Hire 08/16/2021
Scheduled Days <b>Off</b>		
<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday		

Previous Step Next Step1

[Human Resource Services](#), PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

4. Verify all information that automatically populates on the Supervisor page and enter the date and time the supervisor was informed of the incident. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## Supervisor

Who is the affected parties supervisor and date and time supervisor was notified.

Name of Supervisor	Supervisor's Phone Number	Supervisor's E-Mail
<input type="text" value="Elton Fulmer"/>	<input type="text" value="509-335-3564"/>	<input type="text" value="elton.fulmer@wsu.edu"/>

Supervisor Was Notified: Examples 1/1/2007 and 03:07pm

Date:  Time:  Tip: Type 'A' or 'P' to switch AM/PM

[Human Resource Services](#), PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

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5. Verify all information that automatically populates on the Preparer page and fill in missing information. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## Preparer

Please check to make sure the following information is correct. If any information is incorrect, please correct it.

Preparer WSUID	Name of Preparer	Title of Preparer
<input type="text" value="14957093"/>	<input type="text" value="Fulmer, Elton"/>	<input type="text" value="Professor"/>
Preparer Phone #	Mail Code	Date Prepared
<input type="text" value="509-335-3564"/>	<input type="text" value="4630"/>	<input data-bbox="841 680 1003 709" type="text" value="02/14/2022"/>

[Human Resource Services](#), PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

6. Enter applicable information about the incident here. Once complete, select **Next Step**.

Human Resource Services  

# Incident Report

Share Print Search

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## Incident Description

Please be as complete as possible, hover over a field to see detailed instructions.

Incident Date:  Time of Incident:  A or P for AM/PM  Check if Time Can't be Determined

Time Employee Started Work: Example 8:00am  
 Tip: Type 'A' or 'P' to switch AM/PM

Work Phase  
 Performing Work  Meal Period  Rest Period  Entering or Leaving  
 Chronic Exposure  Other, Specify:

Time Loss (Check all that apply)  
 Return to work the next day.  
 Restricted Activity / Job Transfer  
Begin Date:  Return Date:   
 No time loss.  
 Lost work days, not at work.\*\*  
Begin Date:  Return Date:   
\*\* If absent from the next full shift or subsequent shifts, supervisor must complete Supervisor's Accident Report and send a copy of employee's Time/Leave Report to Human Resource Services. See SPPM 52.24.1

Complete description of what the party was doing just before the incident occurred.

Empty solvent containers were left in a walkway on the lab floor, and the student tripped and fell as he was walking back to his hood.

Complete description of incident, include specific activity during incident (lifting, pushing etc.).

The student was carrying a flask of DI water back to his hood, and the fall caused the glassware to break, cutting the student's hand.

Specify injury or illness and body parts affected.

Right palm, small cut.

Describe the object or substance that directly harmed the party.

The empty solvent drums caused the initial problem, and the broken flask injured the student.

Exact location of incident (Building floor, Geographical location).

~~Colas~~ Hall, room 226.

Name and phone numbers of witnesses or others involved in incident, or type NONE.

Other students were in the lab but did not see the accident occur.

Previous StepNext Step

7. The Injury Information page is where the preparer can provide information on any steps taken as a result of the injury. If the **First Aid or Medical Treatment** radio button is selected, you must provide the name and address of the medical provider, if applicable. The form will not allow you to proceed if nothing is in the **Name and address of medical provider** field.

Once finished with this page, select **Next Step: Review** to take you to the review page.

The screenshot shows the 'Incident Report' form from Human Resource Services. The page title is 'Incident Report' and the section is 'Injury Information'. The form includes a header with 'Human Resource Services' and 'Incident Report'. Below the header are navigation links for 'Share', 'Print', and 'Search'. The main content area is titled 'Injury Information' and contains the following elements:

- A prompt: 'Please be as complete as possible, hover over a field to see detailed instructions.'
- A sub-section 'Injury / Illness Severity' with a radio button selected for 'First Aid or Medical Treatment (Check all that apply)'. There is also an option for 'No Treatment Required'.
- A 'Treatments' section with a list of checkboxes: 'Use of bandages' (checked), 'Nonrigid braces and wraps', 'Finger guards', 'Eye patches', 'Removal of splinters with tweezers', 'Cleaning, flushing or soaking surface wounds' (checked), 'Simple irrigation to flush foreign bodies from the eye', 'Tetanus shots', 'X-rays', 'Blood tests', 'Prescription medications\*', 'Sutures, staples\*', 'Casts, rigid braces\*', 'Physical therapy\*', 'Chiropractic treatment\*', 'Surgery\*', and 'Other' (with a text input field).
- A note: '\* This treatment is considered to be a medical treatment. If medical treatment is involved, a supervisor must complete a Supervisor's Accident Investigation Report.'
- A 'Fatality' section with a radio button and a date input field.
- A text input field for 'Name and address of medical provider (hospital, doctor, clinic, etc.)' containing the text 'Not applicable.'
- Two checkboxes: 'Treated in emergency room?' and 'Hospitalized overnight as inpatient?'.
- Two buttons: 'Previous Step' and 'Next Step: Review'.

At the bottom of the form, there is a footer: 'Human Resource Services, PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)'.

8. The review page lists all information provided regarding the incident. The Incident Report is not complete until submitted.

APPENDIX 3: EXAMPLE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Washington State University

See: SPPM 2.26.

EMPLOYEE NAME <b>Osmar Waller</b>	DEPARTMENT <b>Office of the President</b>	ACCIDENT DATE <b>1/20/1908</b>
SUPERVISOR'S NAME <b>Enoch Bryan</b>	SUPERVISOR'S TITLE <b>President</b>	INVESTIGATION DATE <b>1/21/1908</b>

Check all factors contributing to the accident.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>HUMAN</b><br>Training<br>Task performance<br>Protective equipment<br>Work history | <input checked="" type="checkbox"/> <b>SITE CONDITIONS</b><br>Physical layout<br>Walking/working surfaces<br>Lighting<br>Weather                   | <input type="checkbox"/> <b>EQUIPMENT/TOOLS/MATERIALS</b><br>Operation<br>Safety guards and controls<br>Condition and maintenance<br>Labels/signs/tags           |
| <input type="checkbox"/> <b>TIMEFACTORS</b><br>Work shift<br>Cause/effect relationships<br>Sequence of events | <input type="checkbox"/> <b>POLICIES AND PROCEDURES</b><br>Safety Policies and Procedures<br>Operating specifications<br>Regulations and standards | <input type="checkbox"/> <b>OCCUPATIONAL EXPOSURES</b><br>Air contaminants<br>Chemicals<br>Noise<br>Biohazards, human body fluids<br>Radiation (See: SPPM 9.35.) |

Explain all checked factors in the space below. Add additional pages for more space and to provide any necessary drawings.

**Dr. Waller was walking to the Administration Building in the early morning and slipped and fell on ice. Dr. Waller sustained no injuries. The sidewalk had been cleared of snow by Facilities, but water from melting snow the previous day had frozen on the sidewalk overnight.**

List recommended corrective action. Add additional pages if needed.

**Dr. Bryan directed staff and faculty to use sidewalks that are positioned over steam tunnels where possible. Dr. Bryan also suggested that employees use Yaktrax or similar devices when snow and ice are present on sidewalks.**

Name of Person Responsible for Corrective Action <b>Dr. Enoch Bryan</b>		Department Responsible for Corrective Action <b>Office of the President</b>	
Anticipated Date of Corrective Action <b>1/31/1908</b>		Actual Date of Corrective Action <b>1/31/1908</b>	
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE
SAFETY COMMITTEE SIGNATURE	DATE	DIRECTOR/CHAIR'S SIGNATURE	DATE

WSU1246-SAFSA003-0897