



### **Scope**

This policy<sup>1</sup> applies at the Trust level and the member level.

### **Purpose**

Through investigations, information can be gleaned to prevent future injuries to employees and the public, future property damage and to minimize resulting costs. Lessons learned from the past allow us to change the future.

### **Trust-Level Responsibilities**

In addition to requiring that each member complete a First Report of Injury form according to PA Bureau of Workers' Compensation requirements, the Trust has established Loss Control Standard #4 - Accident/Incident Investigations as indicated under Member-Level Responsibilities.

The Trust monitors member compliance through audits as well as ongoing implementation support provided by the Manager of Loss Control Services. The Trust also provides its members with model policies and forms that can be customized by the member to meet individual needs. Additional guidance is provided to members by request and via documents posted to the Trust's website. The member is encouraged to send the completed accident investigations to the Manager of Loss Control Services who will review the investigation and provide additional input and support for the member.

### **Member-Level Responsibilities**

On the line below, list the job title of the person who has primary responsible at your entity for insuring the accident investigation process is followed-through to completion.

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<sup>1</sup> The content of this policy is based upon the following regulations:

- Pennsylvania Title 34, Part VIII, Bureau of Workers' Compensation – Chapter 129, Subchapter D §129.452; Group Self-Insurance Fund's AIPP Requirements
- PennPRIME Workers' Compensation Amended Agreement of Trust 2013; Article 5, Section 5.7
- PennPRIME Loss Control Standard #4 – Accident/Incident Investigations



Members are required to promptly report and investigate all incidents in order to identify the facts surrounding the accident and determine the causes to prevent recurrences. Workplace accidents that should be reported include any that result in occupational injury, illness or disease, fatality, damage to motorized vehicles, and other property damage as well as near misses.

Timely reporting and investigation of workplace accidents accomplishes the following:

- Establishes a written record of the factors that contributed to or caused the accident.
- Developing corrective actions with follow-through to completion.
- Provides statistical information for use in analyzing accidents and incidents.
- Provides information that may be used in the identification of workplace hazards and employee training.

The Trust expects all members to maintain appropriate internal records relative to the implementation of this Element. This includes claim report forms, accident investigation forms, and verification that corrective actions that were implemented as a result of the investigation were actually completed.

### Minimum Requirements:

- Have a written procedure for conducting claims investigations.
- Within two weeks of notification by claimant, complete written incident investigations for every Workers' Compensation and Liability claim filed with PennPRIME/ Inservco, even "report-only" or zero dollar claims.
- Track and document corrective actions to completion.

Best Practice: Complete accident/incident investigation forms for all accidents/incidents whether or not a claim is filed with PennPRIME/Inservco.

### **Member-Level Guidance: General**

Using an incident investigation form is not redundant with filing claims information.

- Filing the on-line, First Report of Injury form for Workers' Compensation or filing an Acord form for an auto/property/liability claim serves to further the care of the injured parties and advance applicable reimbursements.
- Using an incident investigation form serves to identify the contributing factors of the incident so that corrective actions can be developed to prevent the incident from occurring again.

Incident investigation is a systematic effort to determine what happened, the immediate cause, the contributing factors, and what must be done to prevent it from happening again. Incident investigation focuses on improving the system rather than placing blame with an individual. If an employee gets injured, chances are that other employees doing that same task are taking the same risks, and the only reason that they haven't had an injury is luck. By asking why the system failed, you can develop or change the system to help avoid a repeat occurrence.



### **Member-Level Guidance: Best Practices for Incident Investigation**

- To insure issues identified in the investigation are documented and appropriate corrective actions are taken, a written investigation form must be used and a written corrective action program must be implemented.
- Remember to look for and correct not only the symptom, but the contributing factors that caused the incident.
- Supervisors are responsible for:
  - Completing the investigations.
  - Developing and executing corrective actions with input from their employees.
  - Ensuring that all affected employees, including those in other departments, have been trained in any changes to the procedure (system).
  - Following-up to ensure that the corrective action plan has addressed the contributing factors of the accident/incident.
  - A properly trained Safety Committee can provide valuable assistance in conducting the investigation. However, it is management's primary responsibility to ensure the investigation is conducted and completed correctly, and that the issues identified by the investigation are effectively addressed.
- In some instances, permanent action may take time. Do not ignore the situation. Instead, take whatever temporary measures are necessary to reduce the risk while a formal corrective plan is being developed.

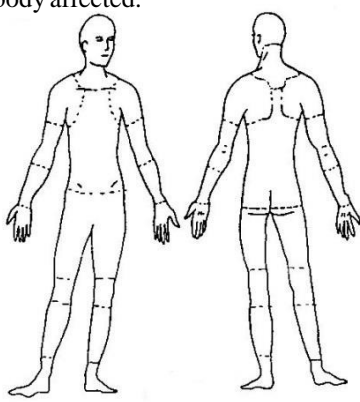


## Element 7 – Methods for Accident Investigation, Reporting & Recordkeeping

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If your entity is using an accident investigation form that differs from the one on the next pages, E7-p5 and E7-p6, remove those pages and insert your form.

### Incident Review/Corrective Action Report

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time/Restricted <input type="checkbox"/> Medical Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of Incident:		Name(s) of Corrective Action Team Members:	
Date of Investigation:			
<b>Step 1: Injured Employee (complete this part for each injured employee)</b>			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title:	Supervisor:	
Part of body affected:  <div style="text-align: center;">  <p>(shade all areas that apply)</p> </div>		Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <hr/> Months with this employer: <hr/> Months doing this job: <hr/>
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider's Name:	Address/Phone:
Describe treatment and any restrictions:			
<b>Step 2: Describe the Incident</b>			
Exact location of the incident:			Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step, the events that led up to the injury and what action could have been taken to prevent the incident. Include names of any machines, parts, objects, tools, materials and other important details, and the potential or likely cause(s) and contributing factor(s).			

### Incident Review/Corrective Action Report

List the reasons why the potential or likely causes or contributing factors existed to help ensure those causes or contributing factors do not recur. Continue on back.
Is there a reward (such as “the job can be done more quickly” or “the product is less likely to be damaged” that may have encouraged the unsafe conditions or acts? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, describe:
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, when (approx.), to whom, and what corrective action was taken at that time?
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, when (approx.) and what corrective action was taken at that time?

#### Step 3: Corrective Actions - How can future incidents be prevented?

For each of the identified potential or likely causes and contributing factors above, list specific actions that will be taken to correct the deficiencies, who is responsible, and when it will be completed:

Corrective Action	Person Responsible	Target Date	Completion Date	Verified By