

Contact Person	Shawn Nelson	Revision	6
Document	Procedure 10200.038	Effective Date	12/01/14
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ACCIDENTS, INCIDENTS & EMPLOYEE SAFETY/SECURITY CONCERNS: CLASSIFICATION & INVESTIGATION PROCEDURE

This procedure describes how the Laboratory investigates a work-related injury, incidents, and employee safety /security concerns.

1.0 APPROVAL RECORD

- Reviewed by: Document Control Coordinator (Amy Tehan)
- Approved by: Quality Assurance Manager & ESH&A Manager (Sean Whalen)
- Approved by: Deputy Director (Tom Lograsso)

The official approval record for this document is maintained in the Training, Documents & Records Office, 151 TASF.

2.0 REVISION/REVIEW INFORMATION

The revision description for this document is available from and maintained by the author.

3.0 PURPOSE AND SCOPE

The primary purpose of investigating accidents and incidents is to determine what caused the event. By determining the direct, contributing, and root causes, corrective actions can be identified and similar occurrences prevented.

An effective Employee Safety and Security Concerns Program is a key component of an organization's overall environment, safety and health program. Thorough investigation of employee concerns promotes "ownership" of the ES&H program by employees and contributes to the Lab's overall mission of providing a safe and healthy workplace while also protecting the environment. See Plan 10200.008, Employee Safety and Security Concerns Program for more information.

Results of investigations also provide the basis for compliance with Department of Energy reporting requirements that include the Occurrence Reporting and Processing System (ORPS), Non-Compliance Tracking System (NTS), Incidents of Security Concern (ISC), Worker Safety and Health (WSH) and Computerized Accident & Incident Investigation Reporting System (CAIRS). Occupational Safety & Health Administration (OSHA) reporting requirements are fulfilled via completion of the OSHA 300 and 300A forms.

Information gleaned as a result of investigations may be disseminated via the Laboratory's Lessons Learned Program (as appropriate). See Plan 10200.020, Operating Experiences and Lessons Learned Program.

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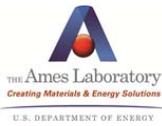
4.0 RESPONSIBILITIES

- 4.1 LABORATORY DIRECTOR** – The Laboratory Director is ultimately responsible for ensuring that investigations of accidents & incidents are conducted in a comprehensive and timely fashion; the Director is also responsible for fostering an environment in which employee safety / security concerns are addressed.
- 4.2 DIVISION DIRECTOR / DEPARTMENT MANAGER** – Division Directors and Department Managers shall work closely with ESH&A and DOE personnel on accident investigations as required; Division Directors and Department Managers shall also ensure that program personnel are encouraged to share concerns and that those concerns will be resolved in a timely manner by working with appropriate Laboratory personnel.
- 4.3 GROUP LEADER** – Group Leaders shall ensure that group members report all work-related injuries and illnesses to their immediate supervisor and seek medical assistance from the Occupational Medicine office, if necessary; Group Leaders shall encourage the sharing of concerns by employees and participate with appropriate Laboratory personnel in their resolution.
- 4.4 ENVIRONMENT, SAFETY, HEALTH & ASSURANCE (ESH&A)** – ESH&A will facilitate the implementation of this procedure by working with appropriate Laboratory personnel; ESH&A will also be responsible for classifying incidents including the Occurrence Reporting and Processing System (ORPS), Non-Compliance Tracking System (NTS), Incidents of Security Concern (ISC), Worker Safety and Health (WSH) and Computerized Accident & Incident Investigation Reporting System (CAIRS). ESH&A will conduct investigations as indicated by this procedure, recommending corrective actions and assuring that all required recordkeeping is completed; ESH&A will also serve as the primary contact for any external investigations conducted by DOE.
- 4.5 OCCUPATIONAL MEDICINE** – Occupational Medicine shall be responsible for treatment or referral of all work-related injuries and illnesses; Occupational Medicine shall also interact with ESH&A on the investigation and classification of incidents and accidents.
- 4.6 EMPLOYEES** – Ames Laboratory employees shall facilitate the implementation of this procedure by participating in investigations, sharing concerns pertaining to workplace safety and health and the environment with their supervisor, and complying with all relevant ESH&A policies and procedures. All new employees receive introductory information in General Employee Training describing the Employee Safety/Security Concerns Program and reporting injuries and illnesses (required). Program information is made available to employees on a periodic basis via lab-wide announcements (e.g., Email, Insider, etc.).

5.0 ACCIDENT & INCIDENT INVESTIGATION AND CLASSIFICATION PROCEDURES

5.1 Documentation

Occupational Medicine and/or ESH&A shall evaluate all reported work-related injuries, illnesses and incidents. The Investigation & Recordkeeping Process Form 10200.128 (Appendix A) shows the process that is followed. The following documentation is completed when a medical evaluation is performed after a work-related accident or incident:



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Patient Status Report – Form 10200.129 (Appendix B) – This form is filled out by Occupational Medicine and details the diagnosis and any days away and/or work restrictions. The original is kept in the employee's medical records; copies are sent to the employee, ESH&A, supervisor and ISU Human Resources at 3810 Beardshear.

Supplementary Record of Occupational Injuries & Illnesses Form 10201.004 (Appendix C) – This form is completed by the patient and supervisor and returned to Occupational Medicine. Occupational Medicine routes the form to ESH&A for review. ESH&A conducts any necessary investigations, and returns the form to Occupational Medicine after a signature from the ESH&A Manager. ESH&A retains the original and sends a copy to Occupational Medicine. On a regular basis, a member of Occupational Medicine, the Plant Protection Officer, the Industrial Safety Specialist, the Industrial Hygienist and a member of Human Resources confer on the status of each work-related incident. The ISU Workers Compensation-Human Resources Specialist is invited to the meetings on an as needed basis. Upon mutual consent, incidents are classified as OSHA-recordable or non-recordable.

Work-Related Injury Report Form 46600.024 (Appendix D) – This form is filled out by Occupational Medicine and delivered to ESH&A immediately upon completion of treatment of a work-related injury.

Incident and Concern Reporting Form 10200.088 (Appendix E) – This form is initiated by either the employee raising the safety and security concern or ESH&A and later completed by the ESH&A lead assigned to track the concern.

State of Iowa First Report of Injury (FROI), Iowa State University Office of Risk Management will determine when a FROI will need to be completed. This is an on-line process through Access Plus, Employee Tab, Work Injury.

5.2 INVESTIGATION, CLASSIFICATION & REPORTING

All accident investigations and reporting will be conducted in accordance with Plan 10200.002: Event Reporting Program.

5.3 EMPLOYEE SAFETY AND SECURITY CONCERNS PROGRAM

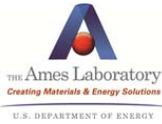
ESH&A shall document employee concerns utilizing the Incident and Concern Reporting Form 10200.088 (Appendix E). Employees upon request may also fill out this form.

5.4 OPERATING EXPERIENCES AND LESSONS LEARNED PROGRAM

Depending on the nature of the incident or accident, the Ames Laboratory Lessons Learned Program may disseminate information from an investigation. A detailed description of the Operating Experiences and Lessons Learned Program can be found in Plan 10200.020.

5.5 OCCURRENCE REPORTING (ORPS)

All Occurrence Reporting will be conducted in accordance with Plan 10200.002 Event Reporting Program.



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5.6 NON-COMPLIANCE TRACKING SYSTEM (NTS)

All Non-Compliance Tracking System issues will be conducted in accordance with Plan 10200.002 Event Reporting Program.

5.7 INCIDENTS OF SECURITY CONCERN (ISC)

All Incidents of Security Concerns will be conducted in accordance with Plan 10200.002 Event Reporting Program.

5.8 COMPUTERIZED ACCIDENT & INCIDENT INVESTIGATION REPORTING SYSTEM (CAIRS)

All Injury and Illness Reporting will be conducted in accordance with Plan 10200.002 Event Reporting Program.

5.9 WORKER SAFETY AND HEALTH NON-COMPLIANCE (WS&H)

All reporting of incidents meeting the threshold of Worker Safety and Health Non-Compliance (10-CFR Part 851) will be conducted in accordance with Plan 10200.002 Event Reporting Program.

APPENDICIES

- Attachment A - Diagram 1 - Investigation and Recordkeeping Process (Form 10200.128)
- Attachment B - Patient Status Report (Form 10200.129)
- Attachment C - Supplementary Record of Occupational Injuries & Illnesses (Form 10201.004)
- Attachment D - Work Related Injury Report (Form 48201.024)
- Attachment E - Incident & Concern Reporting (Form 10200.088)

Attachment B Patient Status Report Form 10200.129 Rev. 2

Iowa State University/Ames Laboratory

Occupational Medicine
Ames, Iowa 50011-3020

515 294-2056
FAX 515 294-1967

PATIENT STATUS REPORT

Date seen _____ Date injured _____

Patient:	Supervisor:
Department:	Dept. Phone #:
Diagnosis:	

Work Restrictions:

- No lifting over _____ lbs.
- Avoid repetitive bending and twisting.
- No overhead work.
- Sit down duties only.
- Standing and walking as tolerated.

Work Related: Yes No Undetermined

- Unable to perform any work.
- Fit for full duty on _____.
- Fit for modified duty * on _____.

No use of _____
No repetitive or forceful gripping, pinching, or wrist motions
with hand: R L Both

- No driving or operating dangerous equipment.
- No kneeling or squatting.
- Limit keyboard use to _____.
- No pushing or pulling.

* If work that satisfies the above limitations cannot be provided,
the patient is not to work and should return as scheduled.

Treatment Plan:

- Keep wound clean and dry.
- Keep splint on _____.
- Medication _____.
- Referred to _____.
- Return to clinic on _____.
- Discharged from treatment on _____.
- No permanent impairment anticipated.

Comments:

Physician/Medical Staff Signature

Patient's Signature

Attachment C
Supplemental Record of Occupational Injury or Illness
Form 10201.004

Case Number _____

Ames Laboratory / Iowa State University
Supplemental Record of Occupational Injury or Illness
(to be completed by employee and/or supervisor)

Injured / Ill Employee

Name _____ Ames Lab Employee No. _____
(First, Middle, Last Name)

Home Address _____
Number and Street City State Zip

Age _____ Gender: ___ Male ___ Female Supervisor # _____

Job Title _____ Department _____

Job Classification (Circle One): P&S, Merit, Graduate, Post Doc, Faculty, Associate or Casual Hourly

Event

Occurred at (Room/Building, Address) _____

What was the employee doing? _____

How did the event occur? (Describe completely) _____

Describe the injury or illness in detail (e.g. "laceration of left index finger requiring stitches", "respiratory irritation", "dermatitis on back of left hand")

What caused the injury/illness: (e.g. "sharp metal edge of shelf", "inhaled vapor from acid", "skin contact with chemical solution")

Date/Time of Event or Diagnosis of injury/illness _____

Name of Treating Physician/Health Care Provider _____

Physician's/Health Care Provider's Address _____
Number/Street City State ZIP

If hospitalized, name/address of hospital _____

Name of Admitting Physician _____

(Continued on other side)

Attachment C
Supplemental Record of Occupational Injury or Illness
Form 10201.004

Case Number _____

Ames Laboratory / Iowa State University
Supplemental Record of Occupational Injury or Illness
(to be completed by employee and/or supervisor)

Corrective Actions (Steps taken to prevent recurrence, correct the conditions) _____

What Corrective Action steps remain to be done? _____

Work Restrictions prescribed by Physician/Health Care Provider _____

Lost Work Days (Days away from work after the day of the event, including week-ends and holidays) _____

Restricted Work Days (Days in which adjustments needed to be made in tasks or assignments) _____

Prescribed Work Restrictions had an impact on my ability to work YES / NO
(Circle one)

If YES, please comment: _____

Employee Signature _____ Date _____

Prescribed Work Restrictions had an impact on the assigned work for the employee YES / NO.
(Circle one)

If YES, please comment: _____

Supervisor's Signature _____ Date _____

Return completed form to Occupational Medicine within six days of the event.

Record of Review

Manager/ Group Leader of injured to meet with member of Executive Council, who in turn will discuss with remaining council members: _____ Yes _____ No Comments _____

Signature of Reviewing Official _____ Date _____
Manager, Environment, Safety, Health and Assurance

Attachment D
Work Related Injury Report
Form 48201.024



THE Ames Laboratory
Creating Materials & Energy Solutions
U.S. DEPARTMENT OF ENERGY

The supervisor was contacted and told to complete the First Report Of Injury (FROI).

To: ESH&A, G40 TASF
From: Occupational Medicine, G11 TASF
Subject: **Work Related Injury Report**

Employee's Name: _____

Location of Incident: _____

Injury: _____

Date and Time of Incident: _____

Occupational Medicine Signature

Date

**Attachment E
Incident & Concern Reporting
Form 10200.088**

INCIDENT & CONCERN REPORTING FORM

Date: _____ **Time:** _____

- Per employee notification to ESH&A (Attach any documentation).
 Per Occupational Medicine Report (Attach documentation).

Name: _____ **Bldg./Room:** _____ **Phone:** _____

ESH&A Point-of-Contact: _____

Nature of Incident / Concern *(Include a discussion of investigation and resolution of event):*

(Forward to Industrial Safety Specialist at G40 TASF)

Root Causal Determination (as necessary):

Comments:

Area of Concern: Electrical Safety Fire Safety Egress Path Industrial Hygiene
 Health Physics Cylinders/gas Industrial Safety Waste Management
 Emissions & P2 Hoisting/rigging Property Management Housekeeping
 General Safety Other: _____

Number: _____ - _____ (e.g., 01- 001, 01-002, 01-003, etc.)

Acknowledge date: _____ (#days _____) **Address Date:** _____ (#days _____)

(Copy to ESH&A Manager, Enter into CA5 Database and File in Employee Concerns Folder)
