

## Division of Public Health Administrative Manual

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<b>Chapter:</b>	<b>Health and Safety</b>
<b>Title:</b>	<b>Accident/Injury Reporting and Investigation Procedure</b>
<b>Current Effective Date:</b>	<b>6/15/17</b>
<b>Original Effective Date:</b>	<b>9/01/06</b>

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### PURPOSE

The purpose of this document is to provide specific guidelines for the timely reporting and investigation of all accidents involving property damage or injury of Division of Public Health (DPH) employees.

### POLICY

Accidents involving property damage or injury shall be reported as soon as possible, but no later than 24 hours after occurrence of an occupational accident to an employee. The manager/supervisor shall fully investigate the event to determine the cause and necessary preventive actions. Upon conclusion of the investigation, the manager/supervisor shall:

1. Document the findings on Supervisor's Investigation of Employee Accident/Injury Form
2. Have the employee complete the Employee Report of Accident/Injury Form
3. Have all witnesses complete the DHHS Workers Compensation Accident/Injury Investigation Witness Statement Form
4. Implement procedures for medical care if applicable. (See page 7 under WC Authorization/Physician's Report/Pharmacy Guide)

And submit to the DPH HR Safety Representative and the Workers' Compensation Administrator.

In the event of a serious accident to any DPH employee, the manager/supervisor in charge shall notify the DPH HR Safety Representative within 24 hours of notification of the accident. The DPH HR Safety Representative shall fully investigate the accident and document the causes and effects of the accident and include recommendations to prevent the recurrence of such an accident. This report shall be appended to the Supervisor's Investigation of Employee Accident/Injury Report and submitted to the DPH Division Director, the DHHS Safety Officer, and the affected supervisor(s).

This policy does not rescind or override any other department policy covering events meeting the definition of serious accident, but shall be implemented in concert with such existing policy, if any.

If there is any doubt as to whether an event meets the definition of a serious accident, the DPH Director shall be immediately notified and shall make a determination. (See page 3 for definition of Serious Accident/ Injury)

**NOTE: The DPH HR Safety Representative is the onsite Safety coordinator for the Division.**

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## PROCEDURES

### Accident/Injury Reporting

For proper Reporting Procedures see **Resource Section A (Pages 7-8)**.

### Accident/Injury Investigation

Immediately upon notification of any non-serious (not requiring immediate medical attention referred under Serious Accident Investigation Section) injury to an employee while performing job duties and/or any accident resulting in damage to DPH property or equipment greater than incidental, the manager/supervisor of the injured/involved employee will:

1. Ensure all injured employees receive necessary medical attention in accordance with the Department of Health and Human Services (DHHS) Workers' Compensation procedures.
2. Ensure that no other employees can be injured from the condition and that damage is not continuing.
3. Investigate the accident and/or injury.

The investigation should determine the following:

1. The cause(s) of the accident or injury.
2. The relevant events leading up to the accident / injury.
3. Unsafe conditions which contributed to the accident/injury.
4. Actions of the employee which contributed to the accident / injury.
5. Witnesses to the accident / injury.
6. Recommendations to prevent a similar accident / injury from recurring in the future.

The manager/supervisor should conduct interviews and physically survey the accident site as part of the investigation and take photographs of accident site when feasible. Documentation of the investigation will be used to assist the third- party administrator in determining compensability.

Within 24 hours of notification, the manager/supervisor should complete the Supervisor's Investigation of Employee Accident/Injury Report and provide to the DPH HR Safety Representative. A copy of the report should be submitted within 24 hours to the next level manager. A copy of the report along with the appropriate Workers' Compensation forms should be submitted to the DPH Workers' Compensation Administrator. The reports will be available to the DPH HR Safety Representative for periodic reviews for accident trend identification. Refer to: (<http://ncpublichealth.com/hr/employees/safetyhealth.htm>)

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**Serious Accident Investigation**

If any employee becomes aware of an incident which in his/her determination meets the definition of serious accident, that employee should immediately contact the DPH manager/supervisor and should perform the duties of the DPH manager/supervisor until that individual arrives on site.

Serious injury(s) are defined, but not limited to, those which result in:

1. Death
2. Serious occupational disease
3. Major broken bones
4. Paralysis
5. Serious head injury
6. Severe cuts
7. Amputation
8. Loss of sight
9. Serious back injuries

**Duties of the DPH Manager/Supervisor:**

The DPH manager/supervisor should immediately halt the work of DPH employees at the accident/injury site. If the accident site is on property controlled by the division, the DPH supervisor should:

1. Take precautions to prevent further injury to other persons in the area.
2. Take feasible precautions to limit the spread of damage and not expose DPH employees to further danger.
3. Provide for emergency first aid to any injured person.
4. Make provisions for the injured to be transported to the appropriate medical facility.
5. Secure the accident site.
6. Have all unnecessary and uninvolved personnel leave the area.
7. Assure that nothing is cleaned up or tampered with by unauthorized persons or division employees.
8. Physically block off the area with rope or tape, if deemed necessary and allow only the following to re-enter the site:

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- Authorized DHHS and DPH staff
- Law enforcement personnel
- Firemen, emergency response and HazMat team personnel
- Ambulance or rescue personnel
- The DPH HR Safety Representative

If the accident /injury site is not on property controlled by the division, the DPH manager/supervisor should:

1. Assure that injured DPH employee(s) is provided medical treatment and immediately removed from the area of danger, assuming it is safe for the injured person to be moved.
2. Determine if the proper response authorities have been notified and provide for notification if they have not.
3. Determine if staff should be sent to the accident/injury site to record details, pending the arrival of the DPH Safety Officer.

The DPH manager/supervisor shall immediately contact the following persons:

1. The DPH Director
2. The DPH HR Safety Representative

The DPH manager/supervisor should then gather preliminary information on the accident by:

1. Preparing a list of any witnesses to the accident, including DPH employees, members of the general public, etc., informing all of the possibility of future interviews by the DPH HR Safety Representative.
2. Preparing a list of persons who were involved with the accident/injury.
3. Instructing each witness to prepare comprehensive and detailed statements of the accident and their involvement, addressing who, what, when, where, why and how.

**Duties of the DPH HR Safety Representative:**

Upon notification of a serious accident, the DPH HR Safety Representative should immediately notify the DHHS Safety Director.

In the event an accident which involves a serious injury and/or hospitalization, notification shall immediately be made to the following;

**CorVel Corporation**  
**P.O. Box 77880**  
**Charlotte, NC 28271**

**Main Number 866-441-4153**  
**Charlotte 704-941-2800**

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Notification shall be made within 24 hours to:

1. Division Director
2. Other parties as determined by the director

**Effective January 1, 2015, employers are required to notify OSHA of work-related fatalities within eight hours, and work-related in-patient hospitalizations, amputations or losses of an eye within 24 hours. Immediate notification shall be made to:**

1. Division Director
2. DHHS Safety/Benefits Office (919) 855-4925
3. North Carolina Occupational Safety and Health (NCOSHA) at (919) 807-2900 or 1-800-625-2267
4. Office of State Human Resources at (919) 807-4800

The DPH HR Safety Representative should arrive at the accident site or designate a representative on site within 24 hours of notification.

The DPH HR Safety Representative should coordinate with the DPH manager/supervisor and first responder (i.e., police officer, fireman, etc.) to perform the following tasks:

1. Investigate the accident/injury site.
2. Photograph the accident/injury site and any machinery, equipment, tools and/or other equipment involved (Photographs of injured or deceased persons should not be taken.)
3. Measure the dimensions and sketch the accident site and any objects involved in the accident/injury.
4. Make note of any chemicals or substances at the scene of the accident.
5. Interview any witnesses to the accident/injury.

Interviews should be considered a duty of DPH/DHHS personnel. If personnel decline to interview, the DPH Safety Officer should document the person's name and reason, if given, for declining. Witnesses other than DPH/DHHS personnel may decline an interview.

Investigate the estimated cost of repairing or replacing DPH owned items damaged in the accident and estimated medical cost for DPH employees.

If the DPH HR Safety Representative during the course of the investigation, suspects that criminal activity has occurred, he/she should immediately notify the DPH Division Director and the DHHS Safety/Benefits Office to take appropriate action.

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The DPH HR Safety Representative should immediately report to the DHHS Safety/Benefits Office and the DPH Division Director of the details surrounding the accident/injury.

Upon completion of the investigation, the DPH HR Safety Representative should inform and or provide a report to the DHHS Safety/Benefits Office and the DPH Division Director of any recommendations for future prevention. The report should provide an accurate and detailed chronological description of all events related to and following the accident/injury, including appropriate photographs. These photographs shall be marked with the following information:

1. Photographer's signature.
2. Date and time of the photograph.
3. Description of the photographed object/area.
4. Direction of photo shot, relative to compass direction.

The report may contain graph drawings of the accident/injury site, and should include:

1. The incident reports prepared by facility management.
2. Any witness statements or transcripts.
3. Recommendations from the DPH HR Safety Representative on:
  - Equipment, training
  - Policy/procedure/work rule revision
  - Methods to prevent future accident/injury
  - Estimate of the cost
  - Time of implementation.

The DPH Division Director and/or the DHHS Safety/Benefits Office should review, modify, or substitute the DPH HR Safety Representative's recommendations as appropriate.

The DPH HR Safety Representative should make the report and approved recommendations available to the DPH Safety Committee.

The DPH HR Safety Representative is responsible to oversee the implementation of recommendations approved by the DPH Division Director and/or the DHHS Safety/Benefits Office.

If the DPH HR Safety Representative during the course of investigation, establishes that the conditions do not meet the criteria for serious accident, he/she may end the process.

It is the responsibility of the Manager/Supervisor to complete report and submit to appropriate parties in a timely manner. Refer to pages 7 and 8 for proper Workers' Compensation reporting procedures.

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## RESOURCE SECTION A

### Accident/Injury Reporting AND Basic Workers' Compensation Procedures

**General:** The State of North Carolina is a self-insured carrier. CorVel Corporation is contracted as a third-party administrator to handle claims management. For general information and FAQs regarding Workers' Compensation, go to the North Carolina Industrial Commission website: <http://www.ic.nc.gov>

The following report forms can be obtained at:  
<http://ncpublichealth.com/employees/hr/safetyhealth.htm>

**Employee Report of Accident/Injury** - This form should be completed by the injured employee only, as soon as possible following accident/incident but within 24 hours and submitted to their supervisor.

**Supervisor's Investigation of Employee Accident/Injury** - This form is to be completed by an Employer Representative only, i.e. manager/supervisor.

**NC Department of Health and Human Services Workers' Compensation Accident/Injury Investigation Witness Statement Form** - It is the responsibility of the manager/supervisor to identify and obtain all witness statements as soon as possible following accident/incident.

**NOTE:** These three reports should be forwarded to the DPH Human Resources office as soon as possible following accident/incident but within 24 hours.

**WC Authorization/Physician's Report/Pharmacy Guide** - If medical treatment is necessary, the employee should be directed to an appropriate specialty provider in the CareMc network. This form should accompany the employee and completed on the first visit and returned immediately to the Supervisor and/or Workers' Compensation Administrator. **(This may or may not apply to Emergency Care)**

**NOTE:** This initial medical assessment and documented information is crucial to the proper management of the claim.

To access the provider network go to: <http://www.caremc.com/>

- Provider Look-up
- Select a network \*\*\* (Workers' Compensation)
- Enter Search criteria (i.e. within a distance, county, city, state, zip code)
- Select "All" (Select "Emergency Medicines) for Urgent Care/Minor Emergency

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**Form 25T** ó Itemized statement of charges for Travel. Employees are entitled to be reimbursed for mileage for medical treatment in Workersø Compensation cases, provided they travel 20 miles or more roundtrip.

**Use of Leave Options** ó This form should be completed by the employee and Manager/Supervisor when temporary total disability is expected to last more than seven (7) days. The employee should have a good understanding of these options. Once the option is selected, it cannot be changed.

**OSP Workers' Compensation Supplemental Leave Schedule** – For employeesø use in determining amount of leave that can be used to supplement Workersø Compensation benefits. (Optional) See current calendar year schedule on DPH website.

**Return to Work with Restricted Duties** ó DHHS policy is to promote an employeeø return to work with limitations/restrictions. Anytime DPH accommodates an employeeø restrictions, and prior to their starting work, DPH must explain to the employee;

1. Exactly what their restrictions are and how they relate to the job to be performed,
2. All the individual tasks required to complete the job,
3. That the duties are only temporary and
4. The schedule will be reviewed periodically to assess if changes are warranted.

All instructions to the employee must be in writing and a copy must be signed by the employee acknowledging they have full understanding of the restrictions and job duties. The signed letter is to be placed in the employeeø Workersø Compensation file.

**Refusal of Workers' Compensation in Cases Involving Automobile Accidents** ó This form should be completed by the employee to prevent any misunderstanding between the employee and employer as to how the claim is to be handled. This should also be communicated to CorVel Corporation.

**DOCUMENT HISTORY**

9/01/2006: Initial approval of procedure  
4/23/2007: Revision 1  
4/30/2008: Revision 2  
2/1/2010: Revision 3  
11/01/2014: Revision 4  
6/15/2017: Revision 5