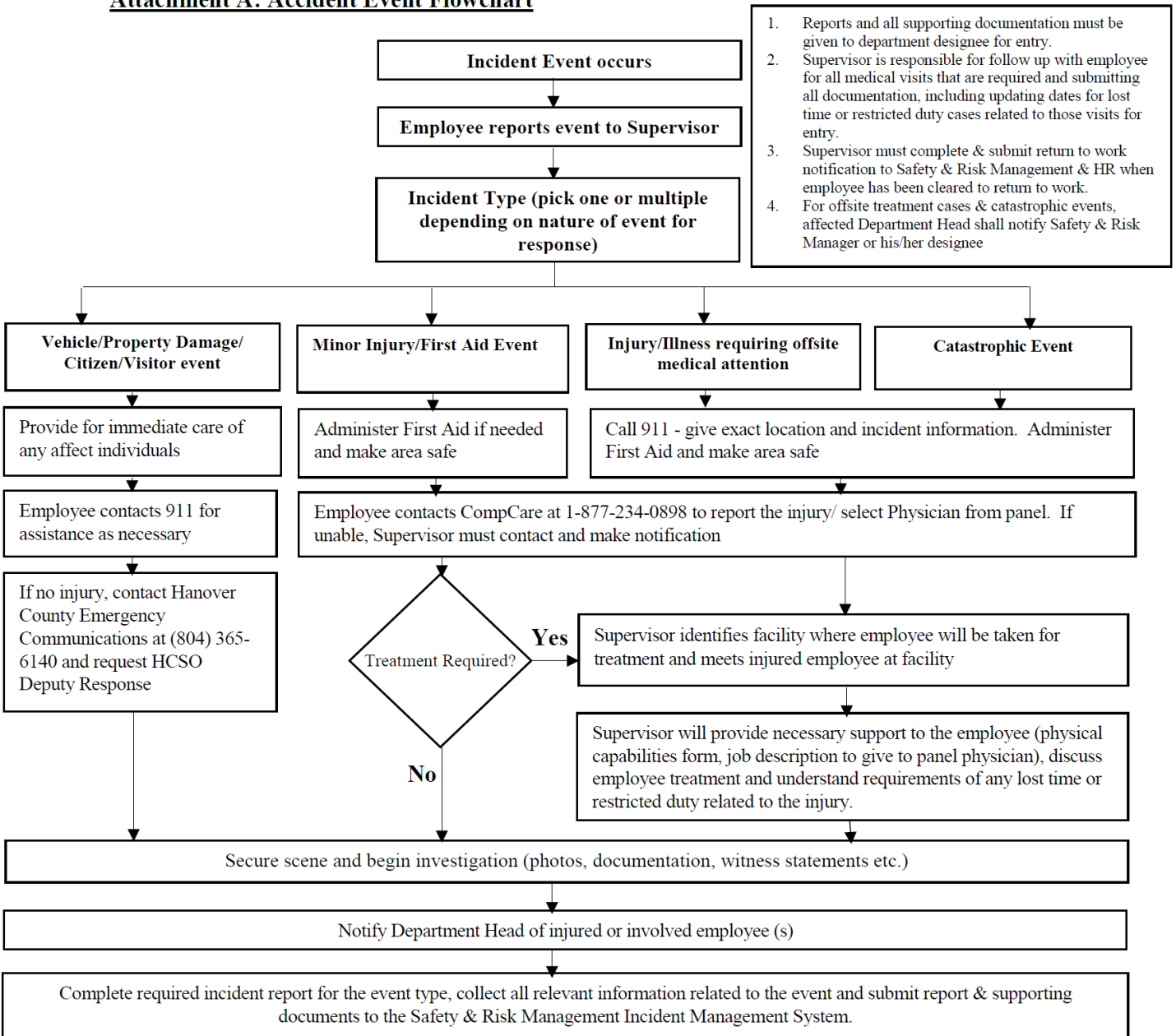




Hanover County Accident Reporting Flowchart

Attachment A: Accident Event Flowchart





Incident Classification Matrix/Safety & Risk Management Contact Information

Instructions: This incident classification matrix should be referenced to aid in determining the preliminary type of injury or accident event that occurred prior to entry into the EMEX system. Hanover County Safety & Risk Management will review all incidents entered and re-classify events as necessary based on nature & severity of injury, investigation findings etc.

Incident Classification Matrix:

Incident Type	Definition
Near Miss	A work-related incident that <u>could have</u> but <u>did not</u> cause injury or property damage if circumstances had been different. These are incidents where: <ul style="list-style-type: none"> • All protective barriers failed (particularly the last one), • Luck prevented injury, and • The potential for serious injury existed.
First Aid/ Minor Injury	The classification assigned to a work-related injury or illness that does not result in care by a medical professional. (See Other Recordable). Any incident where there is any obvious breakage of skin, swelling, bruising and/or where there was pain/discomfort as the result of the incident. Treatment does not have to be rendered for the incident to be classified as a first aid case/minor injury. The affected employee is not sent to a doctor or outside medical facility for care. <i>If the affected employee is sent to a doctor or outside medical facility for care, the incident classification will at least be a Non-Recordable (see below).</i>
OSHA Recordable Injury/ Illness	The classification assigned to a work-related injury or illness incident which resulted in medical treatment beyond first aid (e.g., application of sutures, administration of prescription medication, admission to a hospital for treatment other than observation) but did not result in any lost time or restricted activity other than the day of the incident. Physician's care does not automatically make a case recordable. If the physician's care is first aid in nature and not considered treatment, the case is not recordable.
Restricted Work Day Case	The classification assigned to a work-related injury or illness incident which results in the affected employee not being able to perform 100% of employee's routine job functions that would normally be expected in a typical work week, other than on the day of the injury or on-set of an illness. Cases can be considered restricted day cases regardless of who instructs the employee to perform restricted duties.
Lost Work Day Case	The classification assigned to a work-related injury or illness incident which results in the injured employee missing one or more complete shifts of work, other than on the day of the injury or the on-set of an illness. Cases can be considered lost workday regardless of who instructs the employee to stay out of work.
Life-Altering Injury (LAI)	The most serious work-related injuries (excluding fatalities). These are serious injuries that result in permanent or significant temporary damage to body function or internal organs where either the company or the worker could have taken action that would have prevented the incident from occurring. Examples include: <ul style="list-style-type: none"> • Amputation that includes bone • Eye injuries that involve permanent loss of vision • 3rd degree burns greater than 9% of the body



Incident Classification Matrix/Safety & Risk Management Contact Information

	<ul style="list-style-type: none"> • Multiple fractures that result in permanent disability • Trauma to a vital organ resulting in permanent damage • Significant head injury resulting in permanent brain damage • Spinal cord injury resulting in permanent disability <p>Note: This list isn't all inclusive. Other significant injuries may be included.</p>
Serious Injury or Fatality (SIF)	<p>Work-related injury that results in one of these outcomes:</p> <ol style="list-style-type: none"> 1. Fatalities 2. Amputations (involving bone) 3. Concussions and/or cerebral hemorrhages 4. Injury or trauma to internal organs 5. Bone fractures excluding fingers and toes, unless they are compound, open or crushing bone fractures for fingers and toes. Hairline fractures to the face, skull or navicular wrist bone (base of thumb) are SIF. All other hairline fractures are not SIF. 6. Tendon and ligament tears. Must be complete. Partial tears are not SIF. 7. Herniated disks (neck or back) 8. Lacerations resulting in severed tendons and/or a deep wound requiring internal stitches 9. 2nd (10% body surface) or 3rd degree burns 10. Eye injuries resulting in eye damage or permanent loss or significant change of vision 11. Injections of foreign materials (e.g. hydraulic fluid) 12. Severe heat exhaustion and all heat stroke cases (severe heat exhaustion cases are those where all of the following symptoms are present: profuse sweating, nausea, and confusion). If confirmed fainting occurs due to the heat exposure, this is an automatic severe case. Fainting where personal medical condition and/or medicine significantly contributed to the heat exhaustion are not SIF. 13. Dislocation of a major joint (hip, shoulder, elbow, etc.) <p>The following are excluded even if they are OSHA-recordable: non-preventable vehicle accidents; medical conditions such as heart attacks and seizures; injuries from normal body movements; chipped/broken teeth; hernias, nasal cartilage fractures, corneal abrasions.</p>
Potential Serious Injury or Fatality (PSIF)	An incident or injury that occurs that had the potential to result in a serious injury or even a fatality, had the situation been different. PSIFs can result from near miss, first aid or OSHA Recordable incidents.
Non-Recordable Injury	The classification assigned to a work-related injury or illness incident which resulted in first aid treatment being administered by a licensed healthcare professional.
For Record Only (FRO)	The classification assigned to cases <i>where a work relationship cannot be established</i> . Typically, these are cases where the work relationship was questionable or further investigation determined the case was non-work-related.

Safety & Risk Management Contact Information:

CONTACT	POSITION	EXTENSION	CELL	EMAIL
Matt Phillips	Safety & Risk Manager	6227	(757) 508-0239	mjphillips@hanovercounty.gov
Victoria Mullen	Safety & Risk	7184		vmullen@hanovercounty.gov



Incident Classification Matrix/Safety & Risk Management Contact Information

	Coordinator		(804) 370-8284	
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If you have any questions regarding incident classification and/or data entry into the EMEX system, please contact Safety & Risk Management at one of the contacts listed above for guidance



Incident Report Documentation Guide & Reporting Checklist

Instructions: This document provides guidance and examples that can be utilized by all Hanover County employees & leadership to ensure incident reports submitted contain the appropriate level of description and detail and all necessary information prior to submittal.

Basic Incident Report Details:

No matter the type of incident report you are completing, all incident reports should have the following basic information included in as much detail as can be provided:

1. The exact location where incident happened
2. The date and time when the incident occurred
3. The events that transpired leading to the incident that must be reported
4. The name and job designation of the employees who are involved in the incident
5. The department or division of the business where the employees involved in the incident are stationed
6. The particular actions or the exact thing that the involved employee/s are doing when the incident happened
7. The name of the immediate supervisor/s of the involved employees and the name of other people who should be notified about the employee's involved to the incident
8. The names of any witnesses along with statements from the witnesses (can be part of the report or added as an attachment)
9. The circumstances that affected the overall result of the incident
10. The particular environmental conditions that may have added to the potential or resulted to the occurrence of the incident
11. The injuries acquired by particular entities and the extent or condition of the injuries listed, if applicable
12. The specific damages to the properties of the business which may include the items, materials, and equipment used for operations

Hanover County incident reports are modeled to allow for the recording of the information listed above; however, when describing the incident event, it is imperative that the employee and supervisor provided detailed descriptions of the event, event outcomes and for similar information.

Capturing as much incident detail as possible is critical for Worker's Compensation, Insurance related claim submittals and for identifying hazards, risks and program gaps for correction.

User Note: The name of injured employees or witnesses to the event should be omitted from the written narrative and included in the portion of the incident report where these names are requested.

Injury Report (Sample):

"On Friday afternoon, February 3, 2019, at 2 p.m. in ABC Shipping Co. located in 13th Avenue, Applewood, one of the warehouse workers slipped and fell while carrying heavy (85 lbs.) inventory. The root cause is believed to be the unavailability of a hand truck or pallet jack. Instead of waiting, John attempted carrying the load himself. A second possible cause is the condition of Injured Employee (IE's) personal protective equipment, specifically his boots, which are very worn in certain places.

When IE fell, his colleagues rushed to his assistance. Suspecting a fracture, the supervisor on the floor decided to call 911.

IE said he felt a bit dizzy when he lost his balance and that he just 'tripped over his feet.' He tried to minimize damage to the load itself while falling, which may have led to a more awkward fall.

Two of his co-workers said that they noticed he was struggling a bit before the fall, but were busy with their own tasks and felt it would be rude to 'call him out.' See the attached witness statements for more info.



Incident Report Documentation Guide & Reporting Checklist

IE was taken to a nearby hospital and a fracture to his wrist was confirmed. John will be out of work for a number of weeks.

The supervisor is currently working with the safety & risk coordinator and manager to assess the condition of the floor, the number and condition of hand trucks and pallet jacks on the floor, as well as the condition of company-provided boots over two years old.”

Exposure Incident (Sample):

“A freight handler in XYZ Shipping Lines, was exposed to carbon monoxide fumes on December 2, 2017, Tuesday, from (estimated) 7:30 AM to 11:30 AM. He was at the unloading bay B, helping unload some freight from various containers with the help of two forklift operators neither of which complained of symptoms.

During unloading, IE suddenly experienced lightheadedness and nausea. He informed his supervisor that he thought he was ill.

Supervisor noticed his symptoms were consistent with CO exposure, so she walked over to the area and felt the air quality seemed off. She ran a sensor (Portable Direct Reading Monitor) and discovered that CO levels were on the high end but within the acceptable limit: 30 PPM.

Forklift operators were directed to turn off powered vehicles and sit in fresh air for an hour while the ventilation system could be examined (see attached report).

IE was driven to the hospital by Martin to receive treatment. On the way, he complained of blurred vision briefly but said that it had cleared up upon walking into the ER. A full report will be attached once received.

IE’s colleagues didn’t notice anything out of the norm with the air quality, but one operator acknowledged that at 11:00 AM, his vehicle had been left running near the open end of a container for thirty minutes while IE was adjusting two improperly arranged pallets just inside. There is no air quality data from that time.”

First Aid Report Incident (Sample):

“On May 12, 2019, at around 9:34 AM. at King Street job site, IE was hit by an air nail gun that had been dropped by a co-worker near the top of a staircase and gained momentum as it tumbled down.

IE, who was nailing drywall at the bottom of the staircase and wearing noise protective headphones, eye protection, and a short-sleeved shirt, was hit in the arm, causing a bruise and abrasion. He was treated with antiseptic, antibiotic ointment, a bandage, and an ice pack on site. IE returned to work within a half hour.

Co-Worker had shouted a warning after he dropped the gun, but IE said he did not hear it. Co-worker said that he simply lost his grip, but IE said he felt that the tool may have been ‘swung’ before dropping. There were no other witnesses to report on the circumstances of the accident.

Co-worker was wearing gloves when he dropped the nail gun. There are no outstanding hazards related to this incident and all workers will be reminded about glove selection and tool handling at the next safety meeting.”



Incident Report Documentation Guide & Reporting Checklist

Instructions:

1. Hanover County personnel collecting and entering incident reports shall utilize this checklist to review submitted incident information to ensure completeness and that all required information has been received/compiled for submission.
2. A copy of this completed checklist along with all incident report documents applicable must be scanned and uploaded into EMEX along with all other relevant documents listed within this checklist.
3. If an item listed on the checklist is not applicable based to the reported event, mark the items as N/A.

Incident Date/Location:

Department involved:

Incident Type (near miss/first aid/medical treatment/vehicle/property):

<input type="checkbox"/>	Item 1:	Completed Incident Event Report Form (<i>form completed should be based off nature of the event.</i>)
<input type="checkbox"/>	Item 2:	Worker's Compensation Documentation <ul style="list-style-type: none">• <i>Worker's Compensation Memorandum (Signed)</i>• <i>Physician Panel (Signed)</i>• <i>Supervisor Return to Work (Completed)</i>• <i>Physical Capabilities Form (note: this form must be completed and submitted for all primary and follow up medical visits until employee returns to full duty)</i>
<input type="checkbox"/>	Item 3:	Timeline associated with the event
<input type="checkbox"/>	Item 4:	Photos of the incident location fully describing the incident to include incident area and any equipment associated with the incident. (<i>Number & label the photographs in upper right hand corner of page & scan for attachment in EMEX.</i>)
<input type="checkbox"/>	Item 5:	Copy of any relevant Job Safety Analysis forms, Hazard Assessments or other similar documentation associated with the event.
<input type="checkbox"/>	Item 6:	Copies of witness statements (<i>if any</i>).
<input type="checkbox"/>	Item 7:	Copies of procedures, sections of vendor/manufacturer's information associated with the event.
<input type="checkbox"/>	Item 8:	Copies of relevant permits, prior to use inspections records, general inspection records or other similar documentation associated with the event.



Incident Report Documentation Guide & Reporting Checklist

<input type="checkbox"/> Item 9:	Copies of any certifications (<i>NCCCO, OSHA 10- or 30-hour training, forklift training, vehicle operator training, spotter training etc.</i>) associated with the event.
<input type="checkbox"/> Item 10:	Listing of preliminary corrective actions taken by supervision & departmental leadership to prevent reoccurrence.



Incident Reporting Verification Checklist

Instructions:

1. Hanover County personnel collecting and entering incident reports shall utilize this checklist to review submitted incident information to ensure completeness and that all required information has been received/compiled for submission.
2. A copy of this completed checklist along with all incident report documents applicable must be scanned and uploaded into EMEX along with all other relevant documents listed within this checklist.
3. If an item listed on the checklist is not applicable based to the reported event, mark the items as N/A.

Incident Date/Location:

Department involved:

Incident Type (near miss/first aid/medical treatment/vehicle/property):

<input type="checkbox"/> Item 1:	Completed Incident Event Report Form (<i>form completed should be based off nature of the event.</i>)
<input type="checkbox"/> Item 2:	Worker's Compensation Documentation <ul style="list-style-type: none">• <i>Worker's Compensation Memorandum (Signed)</i>• <i>Physician Panel (Signed)</i>• <i>Supervisor Return to Work (Completed)</i>• <i>Physical Capabilities Form (note: this form must be completed and submitted for all primary and follow up medical visits until employee returns to full duty)</i>
<input type="checkbox"/> Item 3:	Timeline associated with the event
<input type="checkbox"/> Item 4:	Photos of the incident location fully describing the incident to include incident area and any equipment associated with the incident. (<i>Number & label the photographs in upper right hand corner of page & scan for attachment in EMEX.</i>)
<input type="checkbox"/> Item 5:	Copy of any relevant Job Safety Analysis forms, Hazard Assessments or other similar documentation associated with the event.
<input type="checkbox"/> Item 6:	Copies of witness statements (<i>if any</i>).
<input type="checkbox"/> Item 7:	Copies of procedures, sections of vendor/manufacturer's information associated with the event.
<input type="checkbox"/> Item 8:	Copies of relevant permits, prior to use inspections records, general inspection records or other similar documentation associated with the event.
<input type="checkbox"/> Item 9:	Copies of any certifications (<i>NCCCO, OSHA 10- or 30-hour training, forklift training, vehicle operator training, spotter training etc.</i>) associated with the event.
<input type="checkbox"/> Item 10:	Listing of preliminary corrective actions taken by supervision & departmental leadership to prevent reoccurrence.