

Town of Kernersville Safety and Health Policy and Procedure Manual	Occupational Injury Reporting Section 0020	Date 1/98	Revised 11/22
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Occupational Injury Reporting

The North Carolina Workers' Compensation Act (North Carolina General Statutes, Chapter 97) applies to all Town employees. The North Carolina Industrial Commission (NCIC) ensures that each employer administers the provisions of the Act. An employee, who suffers an occupational injury or contracts an occupational illness within the meaning of the Workers' Compensation Act, is entitled to benefits provided by the Act.

The North Carolina Occupational Safety and Health Act also covers all Town employees. This act is administered by the North Carolina Occupational Safety and Health Administration (OSHNC) within the Department of Labor. Injuries and illnesses suffered by employees while at work must be recorded and this record must be made available for examination by OSHNC.

These two agencies have different regulations and required reports concerning how injuries and illnesses are recorded. As a municipality, we must strive to comply with both agencies' requirements to prevent recurrence and ensure prompt and proper care. In addition, the Town strives to maintain a work place free of recognized hazards and has established this policy to allow for the reporting of situations that have or may soon cause injury. This will allow for corrective action before an injury occurs.

The Town's failure to report a fatality or serious injury within eight hours will result in a violation of OSHA regulations and a potential fine.

Standard

OSHANC Part 1904-Recordkeeping; North Carolina Department of Labor, Division of Occupational Safety and Health.

Procedures

I. Medical Care for Injured Employees

The primary concern when an employee is injured will be to obtain proper and effective medical treatment. If the injury is life threatening or requires emergency care, contact the appropriate emergency personnel to ensure that treatment is received as soon as possible. Non-life-threatening injuries will be treated by the Employee Wellness Center operated by Atrium Health Wake Forest Baptist (AHWFB) at 312 Bodenhamer St. (Fire Station 41) in Kernersville. All injuries requiring professional medical care will require the employee to be screened for the presence of drugs and/or alcohol in the system.

Transportation to a medical treatment facility shall be determined based on the injury. If the employee is able to safely operate a motor vehicle without endangering themselves or others, they may transport themselves to the appropriate facility. In situations where the employee can not safely transport themselves, a supervisor or designee shall transport the injured employee.

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In emergency situations where there is a significant trauma, when medical attention is needed during transport, or when transportation in a Town's vehicle may worsen the injury, an ambulance should transport the injured employee to the appropriate facility.

When the Employee Wellness Center is not operating, the employee shall obtain medical care from the AHWFB Occupational Medical Clinic located at 109 Gateway Center Drive (if during their hours of operation). If that facility is closed, the AHWFB Urgent Care at 111 Gateway Center in Kernersville, open 24 hours a day and 7 days per week shall be utilized. Employees will be sent to Kernersville Medical Center, Forsyth or Wake Forest Baptist Hospitals based on the severity of injury. The Safety Administrator should be notified about the injured employee and the nature of the injury. The Safety Administrator must be advised of any lengthy treatment or surgery by a medical professional in order to alert the Town TPA for Workers' Compensation.

II. Employees Responsibility

Employees with work related injuries or illnesses have several responsibilities that must be completed to ensure that benefits are received and further injuries are prevented.

- An injured employee is responsible for reporting the injury to their supervisor before the end of his/her shift and not to exceed 24 hours of its occurrence. When an employee has means supplied by the Town (radio and/or cellular phone), he/she is required to notify their supervisor of the injury immediately. ***An employee who fails to report an incident within the required 24-hour period will be subject to disciplinary actions up to and including termination.***
- Injuries needing professional medical care, will require the supervisor and employee to complete the Town of Kernersville Accident Report (See Appendix A). The forms are to be completed and given to the Safety Administrator within 24 hours. The form must be completed leaving no spaces blank or N/A if not applicable. This time line is critical, as the information will be required for the Safety Administrator to determine if it is necessary to report the case to OSHA and to complete the NCIC Form No. 19.
- Injuries not requiring professional medical care will need a "Near Miss Form" (See Appendix A). It will be discussed and completed by the employee and his/her supervisor within 24 hours. This form documents minor injuries up to first aid only, or it is used for awareness of potential injuries that may occur in the future. Near Miss Forms cannot be used when any employee sees a medical professional due to an injury. **This form is mandatory if an injury occurs that does not require more than first aid.**

The Safety Administrator utilizes the Near Miss Form to review when an employee is nearly

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injured or an employee perceives an injury could have occurred as a result of their actions. The few minutes you spend completing a Near Miss form may help prevent an injury from occurring in the future.

III. Supervisor's Responsibility

- **The injured employee's supervisor must immediately contact the Safety Administrator when notified of the injury.** The Safety Administrator can advise which facility the employee should go to for treatment, what forms are to be completed and begin an investigation of the incident, if warranted. (See Section V Investigations). The supervisor must ensure that all pertinent paperwork is filled out completely. Detailed information concerning the nature of the injury or illness and how it occurred is especially important.
- The supervisor should reach out to employees with injuries requiring them to miss work to monitor their progress. This practice will allow the Town to ensure that the employee receives the proper medical attention required to produce a full recovery, thus allowing the employee to return to work
- Time the employee works in a reduced capacity must be reported as modified duty time and any work notes or medical documentation the employee brings to their supervisor must be forwarded to the Safety Administrator. The supervisor or designee must verify modified duty is available for the employee to return to work and should confirm with the Safety Administrator the employee's duties are satisfying any medical restrictions.

IV. Completion of Forms

Both employees and supervisor should ensure all forms are written legibly. All forms are required to be signed by all parties involved (affected employee, witnesses, and supervisor).

V. Accident Investigations

When an injury or illness is reported to the Safety Administrator, information from the initial call will decide if further investigation is necessary. Determining factors will include the nature and severity of the injury, previous occurrences of similar injuries and if the caller is requesting help with the investigation. Investigations may also be conducted to aid in liability determination. Supervisors will allow the injured employee and any witnesses to be available to discuss the accident with the Safety Administrator or Human Resources designee.

VI. Correction of Hazards

Any hazards discovered as the result of an accident investigation will be addressed to the appropriate Supervisor/Department Head for correction. If immediate correction of the hazard is not possible, the Supervisor/Department Head will take the required action to ensure a

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similar injury or illness is not repeated. This may require a change in operations or placing an area off limits.

VII. Reports

A. OSHA 300 LOG

The Safety Administrator maintains the OSHA 300 Log for the Town, based on information received about work related injuries and illnesses. This Log must be maintained for a five-year period. In addition, this Log must be updated with records of total lost or restricted workdays. A summary of the Log will be posted annually between February 1 and April 30 in all departments.

B. OSHA 300 Summary

The Safety Administrator completes the Survey of Occupational Injuries and Illnesses using information from the OSHA Form 300A. This is a random survey sent out once a year by the US Department of Labor, Bureau of Labor Statistics and the North Carolina Department of Labor.

APPENDIX A

**TOWN OF KERNERSVILLE
REPORT OF NEAR MISS NOT REQUIRING PROFESSIONAL MEDICAL CARE**

This report is to be completed when a minor incidence occurs that does not require any professional medical care.

Date of Injury: _____ **Day of Week:** _____ **Time:** _____ **AM/PM**

Name of Injured: _____

Supervisor: _____

Did Injury Require Professional Medical Attention or Lost Work Days: _____
If yes, stop now and complete "Town of Kernersville Accident Report"

To be completed by Employee
Employee's Written Notice to Supervisor
Please explain in detail how, when and where the accident occurred.

Please use additional paper if necessary

To be completed by Supervisor
Corrective Action Taken:

Employee's Signature _____ **Date** _____

Supervisor's Signature _____ **Date** _____

Town of Kernersville Accident Report

This report is to be filed with the Safety Administrator within 24 hours of the accident. The filing time may be adjusted for weekend or holiday accidents. Supervisors are to use this form for all injury and non-injury accidents including those involving citizens and private property. Feel free to use additional forms or add additional information on a separate sheet of paper. Place N/A in sections of this report not applicable to the accident.

Report Prepared by _____ Title _____

Time of Accident _____ a.m./p.m. Date _____ Year _____

Location of Accident _____

Time of Filing with Safety Administrator _____

Briefly describe the accident including causes and reasons. Attach any diagrams or photographs that will assist in understanding the accident.

Injury Employee #1 _____ Age _____ Job Tenure _____
Classification _____ Department/Division _____

Injury Employee #2 _____ Age _____ Job Tenure _____
Classification _____ Department/Division _____

Injury Citizen #1 _____ Age _____ Home Phone _____
Address _____ Employer _____
Business Phone _____ Social Security # _____

Injury Citizen #2 _____ Age _____ Home Phone _____
Address _____ Employer _____
Business Phone _____ Social Security # _____

Describe exactly which part of the body was injured.

Specify any first aid treatment and who it was given by.

Where were the injured parties taken for treatment and by whom? Who authorized treatment?

Treatment refused by: _____ (Signature of injured person & date)
Who administered medical treatment?

Time lost from job by injured employee and other employees assisting with the accident.

Describe any tools, machinery, equipment or materials associated with the accident.

Briefly describe or list damage to Town Property. Attach photographs.

Briefly describe or list damage to private property. Attach photographs.

List the name, address and telephone number (both work and home) of persons who witnessed or have knowledge of the circumstances surrounding the accident.

List the reports, statements or other documentation that are attached to support or clarify the facts relating to this accident. This should include all relevant police reports and reports which expand on the information provided in this report.

What do you, as a supervisor, propose to prevent similar accidents? (Must be completed)

What actions have been taken to date? What actions are planned and when will they be taken?

Reviewed by: _____ (Employee) _____ (Supv./D.H.)

