Accident Reporting Policy

It is the policy of the Raleigh County Board of Education that all accidents or incidents shall be properly reported and investigated. Although accident/incident investigation is a reactive process, a comprehensive accident reporting and investigation process is a proactive measure that can effectively prevent or minimize future accidents/incidents. This operating procedure establishes a systematic process to ensure that accidents/incidents are properly reported and documented in a timely manner.

All Raleigh County Board of Education employees, including administrators, teachers, and service personnel are responsible for reporting all accidents which occur at work. This includes any accident or injury related to employment. All "near misses" which could have been resulted in injury or lost time shall also be reported.

Reporting

When an employee sustains an on-the-job injury, the employee should notify his/her supervisor immediately, if possible, and in any event within 24 hours of the time of the injury. If the injury first becomes apparent after the employee has completed the normal work day or work week, the employee must still notify the supervisor by the next scheduled work day after the date of the employee becomes aware of the injury. Failure to properly report an incident can result in disciplinary action and/or denial of benefits.

Information about the injury and the related accident/incident is to be provided by the administrator/supervisor by completing the Employee Accident Report form (Appendix A) and submitting a copy to the Office of Safety & Loss Control upon its completion.

The Employee Accident Report form should be signed by the employee and supervisor. If the employee is unable or refuses to complete and sign the form, the supervisor who has knowledge of the accident should, within 24 hours, complete as much of the report as possible and submit the Employee Accident Report form.

Medical Evaluation

Any employee seeking medical treatment is required to contact the Office of Safety & Loss Control as soon as possible.

All employees are required to return to work following medical treatment and report to the supervisor. If it's not medically possible to return to work, the employee should report to the supervisor following your medical evaluation. Report your medical status and provide documentation to your supervisor and the Office of Safety & Loss Control within two (2) calendar days following any related medical evaluations.

When an employee is absent from work due to an injury, doctor's excuses are required for the entire period of the absence.

A doctor's excuse must be obtained and contain the following:

- ✓ Physician Name
- ✓ Physician Address
- ✓ Physician Signature

- ✓ Date of Visit
- ✓ Coverage Dates

Employees who miss more than three (3) workdays are required to report to the Office of Safety & Loss Control at the Central Office for required paperwork.

Enforcement
An employee, who violates any provision of the Board's **Accident Reporting Policy**, or any regulations or procedures related thereto, shall be subject to the following incremental disciplinary steps:

1. Documented conference with immediate supervisor
2. Formal written reprimand from immediate supervisor
3. Placement on a 30-day improvement plan*
4. Five-day suspension without pay by the Superintendent and approval of the Raleigh County Board of Education
5. Dismissal

*Improvement plan procedure will follow West Virginia Board of Education Policy 5310 for Professional Personnel and West Virginia Board of Education Policy 5314 for Service Personnel.

Investigation
A thorough investigation of the accident will follow after the filing of the report by the Office of Safety & Loss Control or designee. The investigator shall prepare a report utilizing the Accident Investigation Report form (Appendix B).

As part of the investigation, the employee may be asked to attend the Raleigh County Board of Education's Safety Committee meeting for an Injured Employee Interview with the committee.

Appendix A

Raleigh County Schools

105 Adair Street
Beckley, WV 25801

Employee Accident Report

Section I: Employee Information

Name: _____ SSN#: _____ DOB: _____

School: _____ Position: _____

Employee #: _____ Date of hire: _____

Home address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Marital status: _____

Section II: Accident Information

Accident date: _____ Day S ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ Time: _____ am ☐ pm ☐

Principal/Supervisor: _____ Time shift began: _____ am ☐ pm ☐

School and place accident occurred: _____

What was being done immediately before the accident occurred? _____

What happened? _____

_____

Was this part of normal job duty? Yes ☐ No ☐ If "No" please explain: _____

Body part(s) injured? _____

Type of injury or illness? _____

What object or substance directly harmed the employee? _____

Witness(es) name: _____ Phone: _____

Name: _____ Phone: _____

Section III: Medical Information

Did employee seek medical treatment? Yes ☐ No ☐ If "Yes" Physician name: _____

Address: _____ Phone: _____

Name medical facility/hospital: _____

Has employee returned to work? Yes ☐ No ☐ If "Yes" Date: _____ Time: _____ am ☐ pm ☐

Section IV: Principal/Supervisor

This accident was reported to me on: Date: _____ Time: _____ am ☐ pm ☐

I certify that to the best of my knowledge, the above statements are true and correct.

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Scan completed form and email to jcolvin@access.k12.wv.us or fax to 304-256-4527.

Approved June 14, 2011

Appendix B

Accident Investigation Report

Accident date: _____ Day S M T W TH F S Time: _____ am pm

Date reported to supervisor: _____ Day S M T W TH F S Time: _____ am pm

Report to supervisor delayed? Yes ☐ No ☐ If yes, why? _____

Name: _____ Employee #: _____ DOB: _____

Home address: _____ City: _____

State: ____ Zip code: _____ Home phone: _____ Cell phone: _____

Position: _____ School: _____

Date of hire: _____

Nature/extent of injury: _____

School and place accident occurred: _____

Principal/Supervisor: _____ Time shift began: _____ am pm

Did employee complete shift? Yes ☐ No ☐

What was being done immediately before the accident occurred? _____

_____

What happened? _____

_____

_____

_____

Was employee doing something other than required duties at time of accident? Yes ☐ No ☐

If yes, what and why? _____

Witness(es) Name: _____ Phone: _____

Name: _____ Phone: _____

Did employee seek medical treatment? Yes ☐ No ☐

If "Yes" Physician Name: _____

Address: _____ Phone: _____

Name Medical Facility/Hospital: _____

Has Employee returned to work? Yes ☐ No ☐ Number of lost work days: _____

If "Yes" Date: _____ Time: _____ am pm

Approved June 14, 2011

Nature of Injury	Part of Body	Accident Type
☐ Amputation ☐ Burns ☐ Contusion (bruise) ☐ Electrical Shock ☐ Foreign Body ☐ Fracture ☐ Heat ☐ Hernia ☐ Infection ☐ Abrasion ☐ Bite ☐ Laceration (cut) ☐ Hypertension ☐ Puncture ☐ Strain/Sprain ☐ Stress	☐ Head (eye, nose, etc) _____ ☐ Neck ☐ Shoulder ☐Left ☐Right ☐ Psyche/Mental Disorder ☐ Hip ☐Left ☐Right ☐ Arm ☐Left ☐Right ☐ Elbow ☐Left ☐Right ☐ Hand/Wrist ☐Left ☐Right ☐ Finger _____ ☐ Upper Back ☐ Lower Back ☐ Leg ☐Left ☐Right ☐ Knee ☐Left ☐Right ☐ Ankle ☐Left ☐Right ☐ Foot ☐Left ☐Right ☐ Abdomen ☐ Respiratory	☐ Burn ☐ Exposure ☐ Cut/Puncture ☐ Slip/Trip/Fall ☐ Absorb/Ingest/Inhale ☐ Stress (mental/heart) ☐ Motor Vehicle ☐ Repetitive Motion ☐ Running or Jumping ☐ Violence in Workplace ☐ Struck by ☐ Bite or Sting ☐ Lifting Human ☐ Lifting Object ☐ _____
Unsafe Condition	**Unsafe Act**	**Contributing Cause (Indirect)**
☐ Inadequate or no safety guards ☐ Poor housekeeping ☐ Unsafe/defective equipment ☐ Inadequate illumination ☐ Inadequate noise control ☐ Hazardous established procedure ☐ Slippery surface ☐ Congestion, close clearance ☐ No unsafe condition ☐ _____	☐ Operating without auth. ☐ Using defective equip. ☐ Failure to use safety device or ☐ Failure to use protective equipment ☐ Failure to make secure ☐ Improper use of equipment ☐ Safety rules violated ☐ Unsafe loading, lifting, placing ☐ Unsafe carrying technique ☐ Took unsafe position/posture ☐ Operating at unsafe speed ☐ Unsafe procedure ☐ Horseplay ☐ No unsafe act ☐ _____	☐ Minimum training ☐ Fatigue ☐ Pre-existing physical weakness ☐ Intoxicated ☐ Inattentive ☐ Nervous, excitable, impatient ☐ Lost temper ☐ Willful disregard of instructions ☐ Other person ☐ No significant personal factor ☐ Medication ☐ _____

Employee Signature: _____ Date: _____

Investigator Signature: _____ Date: _____

Scan completed form and email to jcolvin@access.k12.wv.us or fax to 304-256-4527.