

INJURY AND ILLNESS EVENTS	Manual	ESHQ
	Document	TFC-ESHQ-S_CMLI-C-02, REV D-9
	Page	1 of 13
	Issue Date	November 9, 2016

TABLE OF CONTENTS

1.0	PURPOSE AND SCOPE	2
2.0	IMPLEMENTATION	2
3.0	RESPONSIBILITIES.....	2
3.1	Employees.....	2
3.2	Managers/Supervisors.....	2
3.3	Shift Office	3
3.4	Safety Professional	3
3.5	OSHA Case Management Coordinator.....	3
3.6	Worker’s Compensation Coordinator	3
3.7	HAMTC Safety Representatives & Employee Accident Prevention Council Members	3
4.0	PROCEDURE	3
4.1	Notifications/Communications	3
4.2	Control of the Accident Scene	6
4.3	Post-Accident Management	7
4.4	Completing the investigation (i.e., complete the Event Report A-6003-580)	8
4.5	Injury and Illness Case Management.....	10
5.0	DEFINITIONS	11
6.0	RECORDS	12
7.0	SOURCES.....	12
7.1	Requirements	12
7.2	References.....	13

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-9
	Page	2 of 13
INJURY AND ILLNESS EVENTS	Issue Date	November 9, 2016

1.0 PURPOSE AND SCOPE

This procedure summarizes requirements for responding to and reporting occupational injuries and illnesses, incident investigations, and provides direction for consistent response, investigation and management of such injuries/illnesses. Non-occupational injuries/illnesses that result in a release from work or restrictions need to be reported to direct management and managed in accordance with TFC-BSM-HR_AT-C-01 and TFC-BSM-HR_EM-C-04. This procedure also establishes requirements to ensure that prompt medical treatment is obtained in accordance with U.S. Department of Energy (DOE)/Occupational Safety and Health Administration (OSHA) requirements. (7.1.1, 7.1.2.a, 7.1.4)

2.0 IMPLEMENTATION

This procedure is effective on the date shown in the header.

3.0 RESPONSIBILITIES

3.1 Employees

- Respond to and report the following events:
 - Emergencies
 - Non-emergency work-place injuries or illnesses, no matter how slight. This includes any injury/illness that may occur off site (e.g., HAMMER Training Facility, 2425 Stevens, Smartpark, etc.),
- Notify a supervisor of all work-related injuries and illnesses immediately.
- Notify a supervisor and Safety Professional of any personal condition (non-occupational injury or illness) that may affect your ability to perform your job safely.
- Participate in event management, investigation, and injury/illness management in accordance with this procedure.

3.2 Managers/Supervisors

- Participate in event management, investigation, and injury/illness management in accordance with this procedure.
- Immediately notify the Shift Office at 373-2689 of any injury or illness reports and/or transports to either the Occupational Medical Provider (OMP) or nearest medical facility (occupational injury/illness or personal condition). Update Shift Office regarding changes in employee's condition as needed.
- Immediately notify assigned Safety Professional of any injury or illness transports to either the OMP or medical facility (occupational injury/illness or personal condition).
- Injuries that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate Supervisor, and the assigned Safety Professional.
- Unless an injury is self-treated, accompany employee to the nearest OMP or to the Primary Care Medical Facility to be evaluated and receive appropriate treatment.

- If an employee is transported to the OMP, manage injured employees' needs (e.g., transportation, clothing, badge, and notification of family member).
- Ensure that each employee has been briefed and understands this procedure.

3.3 Shift Office

- Make notifications in accordance with this procedure.
- Provide additional information as requested to the Injury & Illness Case Management Representative, Line Management, Senior Management, and DOE Facility Representatives; refer others requesting information to the Industrial Safety Manager or the Injury & Illness Case Management Representatives.

3.4 Safety Professional

- Participate in event management, investigation, and injury/illness management in accordance with this procedure.
- Ensure corrective actions identified are appropriate to prevent recurrence, and are tracked to closure.

3.5 OSHA Case Management Coordinator

Determine the OSHA classification and complete required documentation regarding classification of the event.

3.6 Worker's Compensation Coordinator

Facilitate the worker's compensation claim process assisting the affected worker as needed.

3.7 HAMTC Safety Representatives & Employee Accident Prevention Council Members

Participate in accident investigations as requested by supervisors/managers.

4.0 PROCEDURE

Any information about an individual employee, including but not limited to, education, medical history, employment history, and/or any other information that can be used to distinguish or trace an individual's identity, such as his/her social security number, date and place of birth, mother's maiden name, biometric data, etc., and including any other personal information that is linked or linkable to a specific individual shall be marked and protected as Official Use Only – Personally Identifiable Information. See MSC-PRO-SEC-54603.

4.1 Notifications/Communications

4.1.1 Injuries or Illnesses

- | | | |
|---|----|--|
| Injured Employee or First Responder | 1. | Dial 911 (373-0911 on cell phones) for all emergency events. |
| | 2. | Notify immediate supervisor or manager of all injuries and illnesses immediately. |
| | 3. | For tank vapor related events, complete the Tank Farm Odor Response Card and provide the information to the Shift Office. |
| Supervisor/Manager | 4. | Ensure that emergency services have been notified for emergency events (Dial 911, 373-0911 on cell phones). |
| | 5. | Notify the Shift Office at 373-2689 of initial injury/illness and employee condition updates as needed. |
| | 6. | For tank vapor related events, ensure the completed Tank Farm Odor Response card is provided to the Shift Office. |
| | 7. | Notify a field Safety Professional by phone. |
| Field Work Supervisor or Person in Charge | 8. | Notify the applicable subcontractor (Mission Support Alliance, LLC [MSA], etc.) supervisor when a subcontractor worker that is supporting WRPS requires medical assistance at HPMC, Kadlec, or other medical facility. |

NOTE 1: The notification should not contain any identifier, medical condition, or diagnosis. The message should be generic such as the following examples:

- Pager Example: “(Job Function, i.e., Manager, Office Worker, NCO) (slipped, tripped, etc.)(location) and is reporting to onsite medical provider or has elected to self-treat
- Phone Notification: Information released on “need to know” basis
- Transport Example: “(Job Function, i.e., manager, Office Worker, NCO) (slipped, tripped, etc., or personal condition) and is being transported by (ambulance, co-worker, manager) to (OMP, Kadlec, etc.).

NOTE 2: All levels from manager on up are designated as “Manager.”

- | | | |
|--------------|-----|--|
| Shift Office | 9. | Notify the Safety Professional, appropriate supervisory personnel, and the DOE Facility Representative through the paging system. |
| | 10. | Provide additional information as requested to the Case Management Representative, line management, senior management, and DOE Facility Representatives; refer others requesting information to the Industrial Safety Manager or the Injury & Illness Case Management Representatives. |
| | 11. | For tank vapor related events, submit a Tank Farm Odor Response Card to the Industrial Hygiene Organization for tracking/trending. |

- Safety Professional 12. Once notification has been received through the paging system, notify the shift office at 373-2689 that the injury details have or have not been received by the supervisor/manager.

NOTE: If the Shift Office does not receive notification from the Safety Professional confirming the injury notification, the Shift Office will notify Case Management to ensure that the appropriate details are provided.

13. Notify Case Management of all injuries/illnesses that require medical treatment by the OMP or nearest medical facility.

4.1.2 Non-Emergency Work Place Injuries or Illnesses & Personal Conditions

- Employee
1. Notify Supervisor of all work-related injuries and illnesses immediately. Injuries and illnesses that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate supervisor, and Safety Professional.
 2. Unless an injury/illness is self-treated, report to the nearest OMP or if after hours to the nearest Primary Care Medical Facility to be evaluated and receive appropriate treatment.
 3. Notify a supervisor and Safety Professional of any personal condition (non-occupational injury or illness) that may affect your ability to perform your job safely.
- Supervisor
4. Notify the Shift Office at 373-2689 and Safety Professional of any injury or illness transports to either the OMP or nearest Medical Facility (occupational injuries and illnesses or personal condition).
 5. Unless self-treatment is agreed upon, direct the affected worker to the nearest OMP or if after hours to the nearest Primary Care Medical Facility.

NOTE: Notification guidance is provided in Section 4.1.1.5.

- Shift Office
6. Notify the appropriate Safety personnel and management representatives in accordance with TFC-OPS-OPER-C-57.

4.2 Control of the Accident Scene

4.2.1 Secure the Scene

- | | | |
|---------------|----|--|
| All Employees | 1. | After reporting an event, and ensuring it is safe to help, assist personnel as needed. |
| | 2. | If needed, provide first aid within level of training. |
| | 3. | If the event results in an injury or illness, ensure the affected employee gets immediate medical attention. Do not move seriously injured personnel unless remaining at the present location presents a greater danger. |
| | 4. | If you can do so safely, take actions necessary to prevent or minimize the risk of additional injury or illness. |
| | 5. | When applicable, remain with the injured/ill worker until Emergency Response personnel arrive on scene. |

4.2.2 Preserve Evidence

- | | | |
|------------------------------|----|---|
| Employees/Manager/Supervisor | 1. | Leave the event scene intact to the greatest extent possible, with nothing moved or disturbed until an investigation is complete. <ul style="list-style-type: none">a. Make a prompt and careful effort to preserve the evidence that will be necessary to answer the key questions about the event (who, where, what, when, how, and why).b. Use barricades, signs, or other means to isolate the site, warn of hazards, and otherwise restrict access. |
| Manager/Supervisor | 2. | Determine what actions need to be taken to make the area safe and control area (i.e., clean up blood, remove equipment, perform repairs, as needed). |
| | 3. | Observe and record perishable or environmental evidence (such as instrument readings, control panel settings, and weather conditions). <ul style="list-style-type: none">a. Use photographs, sketches, and diagrams to record evidence or conditions.b. Make detailed notes about any photographs, sketches, or diagrams made. |
| | 4. | Contact the responsible Safety Professional to assist in recording perishable or environmental evidence and to release the scene from investigation. |
| Safety Professional | 5. | Assist in recording perishable or environmental evidence at the scene of an accident. |

4.3 Post-Accident Management

NOTE: Primary Care Facilities include the following: OMP: North Area: 200W/2719-WB, 373-2714; South Area: 1979 Snyder Street, Richland, WA, 376-6981; Kadlec Medical Center: 888 Swift Blvd., Richland, WA, 946-4611.

- | | |
|--------------------|--|
| Manager/Supervisor | <ol style="list-style-type: none"> 1. Accompany or assign a management designee to accompany injured or ill employees to the OMP. Outside the OMP operating hours accompany all injured or ill employees to the medical facility providing treatment. 2. Remain with the employee until the employee is released or assistance is no longer necessary. |
|--------------------|--|

NOTE: The follow up information should not contain any identifier, medical condition/treatment, or diagnosis. The information should be generic in nature.

- | | |
|---|--|
| Safety Professional/
Case Management
Representative | <ol style="list-style-type: none"> 3. Follow up with the Shift Office at 373-2689 and Case Management Representative on the status of the injured employee. 4. If the medical provider issues restrictions, ensure the worker follows the accommodation process described in TFC-BSM-HR_EM-C-04. 5. Until directed otherwise by Case Management, keep in daily contact with the employee if the employee is medically removed or restricted from work. 6. Upon the employee's return to work follow requirements specified in TFC-BSM-HR_AT-C-01 and TFC-BSM-HR_EM-C-04. 7. Meet the injured or ill employee at the OMP or if it is outside OMP operating rating hours, meet the employee at the medical facility providing treatment. Meet with the medical provider, employee's supervisor/manager to ensure that appropriate care is provided. |
|---|--|

NOTE 1: Events that are minor in nature may be self-treated if agreed upon by the affected worker and his/her immediate management and safety professional. Event reports are required on all injury/illness reports, regardless of severity.

NOTE 2: Medical care following possible chemical exposure shall be provided to an employee under the following circumstances:

- An employee communicates that he or she may have been exposed to a chemical and is experiencing physical symptoms, or
- An employee expresses concern that he or she may have been exposed to a chemical, or
- An employee reports being potentially exposed following an event or release regardless of the presence or absence of symptoms.

- | | |
|----------|---|
| Employee | <ol style="list-style-type: none"> 8. For occupational injuries and illnesses that occur during normal work hours, report to the OMP for evaluation as soon as possible under the following circumstances: <ul style="list-style-type: none"> • When incurring an occupational injury not meeting self-treat criteria, when instructed to do so by management • When instructed to do so by the Hanford Fire Department • When exhibiting symptoms from a vapor or a chemical related event. 9. Following medical care evaluation, report immediately to direct management any restrictions and/or prescriptions issued as the result of occupational injuries/illnesses that may affect your ability to perform job duties safely or that may affect the safety of co-workers. 10. When restrictions are issued by the OMP for an occupational injury or illness, contact HR and comply with TFC-BSM-HR_EM-C-04. 11. Follow the OMP recommendations/restrictions. 12. Notify direct management prior to start of work shift if unable to attend work due to an injury/illness and maintain contact when off work due to an injury/illness. 13. If an injury is discovered or if an employee seeks the attention of an off-site medical practitioner after hours as a result of a work-place injury or illness, immediately notify direct management, or if management is not available, notify the appropriate Shift Office. 14. If removed from work by an off-site physician, immediately notify direct management and report to the OMP as soon as possible. <ol style="list-style-type: none"> a. Provide written instructions from the physician to the OMP for evaluation. b. Notify the Workers Compensation Coordinator. |
|----------|---|

4.4 Completing the investigation (i.e., complete the Event Report A-6003-580)

NOTE: Employees and/or witnesses who were involved in the event shall participate in the investigation.

NOTE: A HAMTC Safety Representative and an Employee Accident Prevention Council representative are encouraged to participate as requested by management and/or Safety. .

- | | |
|-----------------------------------|---|
| Responsible
Manager/Supervisor | <ol style="list-style-type: none"> 1. With support from a Safety Professional, initiate an investigation team within 24 hours. |
|-----------------------------------|---|

NOTE: Personal witness statements should be obtained as soon as possible after an event and documented independent of one another.

2. Obtain statements from personnel that were involved in or witnessed the event. Document statements on form A-6003-098, Initial Event Investigation Personal Statement.
3. Obtain any procedures, work packages, briefing checklists, JHAs, or other information that help explain what was occurring at the time of the event including, but not limited to instrument readings, photographs, and drawings.
4. As appropriate develop a map and time line documenting the sequence of events.
5. Submit the original Event Report Form and any supporting documentation (including photographs) to the field safety professional for review within 24 hours of the event.

NOTE 1: Corrective actions identified during the investigation process that cannot be immediately taken or meet the conditions of the PER initiation criteria (TFC-ESHQ-Q_C-C-01, Attachment A) shall be tracked through the Problem Evaluation Request process.

NOTE 2: Corrective actions should place emphasis on unsafe conditions, deficiencies, or items that need further evaluation and be documented on the Event Report and PER.

NOTE 3: Based on the assigned Safety Professional's review, reports that do not clearly identify causes, corrective actions, and/or are incomplete will be returned to the responsible supervisor for revision.

NOTE 4: Once the report is finalized and approved by the assigned Safety Professional, the report will be sent to the Case Management Representative for filing, tracking, trending, and handled in accordance with TFC-ESHQ-S_CMLI-C-01.

6. If the Event Report requires more than 24 hours for completion, notify the Industrial Safety Programs Manager and case management.
7. Evaluate all investigation and feedback information for process improvements or lessons learned. Consider any good work practice, innovative approach, or adverse work practice or experience, which was captured during the investigation of the event that may prevent recurrence for lessons learned in accordance with TFC-OPS-OPER-C-28.
8. Assist manager/supervisor in the accident investigation by helping to initiate the investigation, participate as an investigation member, obtain statements, gather documents and applicable evidence, establish sequence of events and completing the report.

Safety Professional

9. Review the Event Report for completeness and accuracy of content.
10. Ensure corrective actions identified are appropriate to prevent recurrence and are completed or being tracked to closure through the PER process TFC-ESHQ-Q_C-C-01.
11. Complete the Safety Professional section and obtain necessary signatures.
12. Provide the completed Event Report to the Injured Employee's Level 2 or 3 Manager within 24 hours of receipt of the event report for review and concurrence; if the Event Report requires more than 48 hours for completion, notify the Safety Industrial Programs Manager and case management.
- Injured Employees Level 2 or 3 Manager 13. Review and approve the proposed corrective actions and completed Event Report.
- Industrial Hygiene 14. For each vapor related event where the Shift Office has entered TF-AOP-015 (or 222S-AOP-115 at 222-S Laboratory), complete the TF-AOP-15 Industrial Hygiene Investigation Report form (A-6005-744), to include needed content as stipulated in the form instructions, and provide completed form to the Central Shift Operations Manager, IH Programs Manager, Safety Professional, Workers' Compensation Coordinator, and the Safety and Health Manager..
15. If additional information is received for a vapor event, review the completed Industrial Hygiene Investigation report documents, ensure that the additional data identified is included in the PER, and provide the additional information to the IH Programs Manager, Safety Professional, Workers' Compensation Coordinator.
- Employee 16. Complete the employee portion of the Event Report (form A-6003-580) within the shift of occurrence, but no later than beginning of the next shift.

4.5 Injury and Illness Case Management

- | | |
|--------------------------------|---|
| Case Management Representative | <ol style="list-style-type: none"> 1. Review the Event Report for completeness and necessary details needed to classify the event. 2. Determine OSHA classification of event in coordination with the Safety Programs Manager. <ol style="list-style-type: none"> a. If an injury/illness is determined to be a recordable case or information is received indicating an injury could be a potential recordable case, notify the ESH&Q Director the day the determination is made or information becomes available. b. If determined to be recordable case, notify the responsible Manager and Safety Professional to coordinate a meeting to review the case with the ESH&Q Director. |
|--------------------------------|---|

- c. If determined to be a recordable case, notify Central Shift Manager (CSM) for evaluation against the Groups 2 Personnel Safety and Health Occurrence categories and criteria found in TFC-OPS-OPER-C-24, the occurrence reporting and processing of operations information procedure. CSM will determine potential reportable occurrences(s).
3. If the employee has indicated on the event report he/she wishes to file a Worker's Compensation Claim, notify the Worker's Compensation Coordinator and provide a copy of the event report.
4. Determine the required documentation for the event and enter in the appropriate database in accordance with TFC-ESHQ-S_CMLI-C-01. (7.1.2.b)
- Worker's Compensation Coordinator
5. Based on information from the event report, contact the affected worker to offer a Worker's Compensation Claim. (7.1.3)
6. Facilitate the claim process in accordance with TFC-ESHQ-S_CMLI-C-03.
7. Interface with the appropriate medical treatment facility and/or OMP.
8. Interface with the Worker's Compensation Third Party Administrator.
9. Send the completed IH information and/or Vapor Investigation Report form (A-6005-744) to the OSMP after completion.
- Case Management Representative and Safety Program Manager
10. For recordable injuries and illnesses, follow up with CSM with any final case classification updates for review against the Group 2 Personnel Safety and Health Occurrence categories and criteria found in TFC-OPS-OPER-C-24, the occurrence reporting and processing of operations information procedure. CSM will evaluate updated information and determine reportable occurrences(s).

5.0 DEFINITIONS

Emergency. A serious situation or occurrence that happens suddenly and/or unexpectedly, jeopardizing human life and/or property, and demands immediate action (e.g., severe bleeding, heart attack symptoms, stroke, chest pain, difficulty breathing, compound fractures, etc.).

Emergency Response. The response made by firefighters, emergency medical technicians, security, health care personnel, and/or other emergency services upon notification of a fire, accident, earthquake, explosion, environmental spill/event, or other event in which human life and/or property may be in jeopardy.

Event. An unplanned action or happening resulting in adverse consequences.

First Aid. Emergency treatment for injury or sudden illness given before definitive medical care is available.

First Aid Treatment. Treatment consistent with 29 CFR 1904.

Recordable Injury. An injury that results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or licensed health care professional.

Self-Treatment. Treatment administered by the employee.

Work-Related Illness. A non-traumatic physiological harm or loss of capacity produced by systemic infection, continued or repeated stress or strain (for example, exposure to toxins, poisons, fumes), or other continued and repeated exposures to conditions of the work environment over a long period of time. This includes any abnormal physical or psychological condition or disorder resulting from an injury, caused by long- or short-term exposure to chemical, biological, or physical agents associated with the occupational environment. For practical purposes, an illness is any reported condition that does not meet the definition of an injury.

Work-Related Injury. A traumatic wound or other condition of the body caused by external force, including stresses or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event or series of events within a single day or work shift.

6.0 RECORDS

The following confidential records are generated during the performance of this procedure:

- Event Report (A-6003-580)
- Event Investigation/Critique Personal Statement (A-6003-098)
- Industrial Hygiene Investigation Report (A-6005-744).

Washington State L&I Claim forms, and the copies of documents forwarded to claim files are not records, as defined in TFC-BSM-IRM_DC-C-02. The record custodian identified in the Company Level Records Inventory and Disposition Schedule (RIDS) is responsible for record retention in accordance with TFC-BSM-IRM_DC-C-02 and TFC-ESHQ-S_CMLI-C-01.

7.0 SOURCES

7.1 Requirements

1. 10 CFR 851 “Worker Safety and Health Program.”
2. 29 CFR 1904, “Recording and Reporting Occupational Injuries and Illnesses.”
 - a. Section 35, Subpart D.a.1.
 - b. Section 39, Subpart E.
3. DOE N 350.6, “Acceptance of Valid Workers’ Compensation Claims.”
4. DOE O 231.1, “Environment, Safety and Health Reporting.”

7.2 References

1. MSC-PRO-SEC-54603, "Identifying, Marking, and Protecting Official Use Only (OUO) Information."
2. TFC-BSM-HR_AT-C-01, "Return to Work."
3. TFC-BSM-HR_AT-C-03, "Personal Time Bank and Other Absences."
4. TFC-BSM-HR_EM-C-04, "Fitness For Duty, Work Suitability, And Reasonable Accommodations to Work Restrictions."
5. TFC-BSM-IRM_DC-C-02, "Records Management."
6. TFC-ESHQ-S_CMLI-C-01, "Injury and Illness Recordkeeping."
7. TFC-ESHQ-S_CMLI-CD-03, "Workers' Compensation Program."
8. TFC-ESHQ-Q_C-C-01, "Problem Evaluation Request."
9. TFC-OPS-OPER-C-24, "Occurrence Reporting and Processing of Operations Information."
10. TFC-OPS-OPER-C-28, "Operating Experience/Lessons Learned."
11. TFC-OPS-OPER-C-57, "Event Notification."