



## Delaware State University

**University Area(s) Responsible:** Risk and Safety Management

**Policy Number & Name:** 7-30: Incident Management and Reporting Guidelines

**Approval Date:** 2/5/2013

**Revisions:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

**Related Policies & Procedures:** 7-10 Ergonomic Program, 7-12 Worker's Compensation Policy, 7-17 Blood Borne Pathogens exposure Control, 7-18 Safety Shower and Eyewash Stations, 7-20 Laser Safety Plan, 7-32 Hazardous Waste Disposal Policy

### 1. Purpose

Delaware State University (DSU) acknowledges that guidelines on incident management are an essential component of the occupational health and safety management system. In the event of actual injury or a reasonable threat of injury, the provision of timely and efficient warnings, first aid or medical response is crucial in caring for employees, students and visitors. Additionally, timely and efficient reporting on hazards, incidents and other occurrences with an adverse risk to health and safety are required to be in place so that risk assessment and appropriate corrective actions can be taken.

These guidelines should be read in conjunction with the following related documents:

First Aid Guidelines: [http://circ.ahajournals.org/content/122/18\\_suppl\\_3/S934.full.pdf+html](http://circ.ahajournals.org/content/122/18_suppl_3/S934.full.pdf+html)

Occupational Safety & Health Guidelines: <http://www.osha.gov/index.html>

DSU Policy 7-12 Worker's Compensation: <http://www.desu.edu/risk-and-safety-management-policies-and-procedures>

World Health Organization: <http://www.who.int/ihr/biosafety/publications/en/index.html>

### 2. Scope

This document sets out the procedures for the reporting of unsafe work conditions, incidents involving fires or incidents requiring first aid or medical treatment for injuries which occur to

DSU employees, students or visitors. This includes University activities which occur on or off campus. This document also describes the DSU internal and external reporting processes for injuries, illnesses, incidents, health and safety hazards, dangerous occurrences and system failures.

### **3. Definitions**

**3.1 Biohazard-** Any organism (and/or its toxin) or a material of biological origin that can cause harm to humans, plants, animals or the environment.

**3.2 Biocontainment** – Highly pathogenic(infectious) organisms or agents (bacteria, viruses and toxins) that cause disease.

**3.3 Biosafety level** – The level of biocontainment precautions required by the Centers for Disease Control (CDC) to isolate dangerous biological agents in an enclosed facility.

**3.3.1 Biosafety level 1** – The level suitable for work involving well-characterized agents not known to consistently cause disease in healthy adult humans and of minimal potential hazard to personnel and the environment.

**3.3.2 Biosafety level 2** - The level suitable for work involving agents known to cause moderate potential hazard to personnel and the environment such as moderate diseases or diseases that are difficult to contract by inhalation.

**3.3.3 Biosafety level 3** - The level suitable for work involving indigenous or exotic agents which may cause serious or potentially lethal disease to personnel after inhalation.

**3.3.4 Biosafety level 4** – The level required for work with dangerous and exotic agents that pose a high individual risk of aerosol-transmitted infections, agents which cause severe to fatal diseases in humans for which vaccines or other treatments are not available (like hemorrhagic diseases.)

**3.4 Dangerous Occurrence** - An occurrence that endangers or is likely to endanger the safety of people at a workplace or cause imminent risk of the death or serious injury to anyone.

**3.5 First Aid-** The assessments and interventions that can be performed by a bystander (or by the victim) with minimal or no medical equipment.

**3.6 First Aid Provider** – Someone with formal training in emergency assessments and interventions, emergency care or medicine who provides an assessment or intervention with minimal or no medical equipment.

**3.7 Hazard** - A source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these.

**3.8 Hazard Identification** - The process of recognizing that a hazard exists and defining its characteristics.

**3.9 Illness** - Any physical or mental ailment, disorder, defect or morbid condition which can be of sudden or gradual development. This also includes the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.

**3.10 Incident** - Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.

**3.11 Injury** - Any physical or mental damage to the body caused by exposure to a hazard.

**3.12 Lost Time Injury** - A work related injury which results in a person being absent from work for at least one full shift.

**3.13 Medical Treatment Injury**- A work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist, etc.

**3.14 Near Miss** - An incident that does not produce an injury or disease but had the potential to produce a serious consequence.

**3.15 Radiation** – energy traveling through space. Excessive exposure to non-ionizing radiation causes tissue damage. All forms of ionizing radiation have sufficient energy to ionize atoms that may destabilize molecules within cells and lead to tissue damage.

**3.16 Risk** - The likelihood and consequence of an injury or harm occurring.

**3.17 Risk Assessment** - The process of estimating the magnitude of risk for an activity and identifying the actions to take to eliminate or minimize the risk.

**3.18 System Failure** - Systematic processes that fail to manage the task, activity, process or problem.

## **4. Policy and Responsibilities**

All DSU employees are responsible for reporting hazards, incidents, injuries, dangerous occurrences and systems failures which occur or have the potential to occur.

All DSU employees are responsible, in the event of an injury or unsafe situation, to do what they can without risk to themselves to ensure the safety of others.

DSU Supervisors and Managers are responsible for ensuring that injured employees or visitors to the University receive, or are referred to appropriate first aid and or medical assessment for any reported injury or illness.

DSU Supervisors and Managers are responsible for the referral to Public Safety, the Office of Risk and Safety Management and or Human Resources of any injured employee or visitors to the University who require medical assessment or treatment;

DSU Supervisors and Managers are responsible to ensure that hazards, incidents, injuries, dangerous occurrences and systems failures are appropriately reported for all areas under their supervision.

DSU Supervisors and Managers are responsible for ensuring that corrective actions are developed in consultation with employees and are implemented to eliminate the risk of injury, or where this is not possible, reduce the risk to an acceptable level.

DSU Supervisors and Managers are responsible for following up on the effectiveness of implemented corrective actions in consultation with employees and the Risk and Safety Management.

The DSU Risk and Safety Management herein “RSM” is responsible for monitoring and reviewing the system for effective incident management and reporting incidents as required by law.

RSM is responsible for providing advice and recommendations to local areas on preventative and corrective action to improve the level of health and safety;

RSM is responsible for conducting investigations and following up on significant incidents to prevent reoccurrence.

## **5. Procedure**

### **5.1 First Aid and Medical Assistance**

Emergency services should be contacted directly for life-threatening situations. Please dial 911.

DSU Public Safety should also be contacted during emergencies in order to direct emergency services like an ambulance or fire to the location of the injury or emergency. Please dial **(302)857-7911** from an off campus phone or extension **4444** from an on campus phone.

### **5.2 Assessing the Need for Medical Treatment**

In most cases the need for medical treatment after an injury is obvious. The following list of injuries and symptoms, although not exhaustive, provides guidance on when to refer to medical treatment: Breathing Difficulties (asthma), Anaphylaxis, Chest Discomfort (heart attack, stroke), Bleeding, Burns, Musculoskeletal Trauma (sprains, fractures), Electric Injuries, Human and Animal Bites, Dental Injuries, Cold Emergencies (hypothermia, frostbite), Heat Emergencies (heat Exhaustion, heat stroke), Poison (chemical burns, toxic eye injuries, ingestion), Seizures, Loss of consciousness, and Overexposure to radiation or hazardous substances.

In some circumstances the need for medical treatment may not be obvious – examples include:

After an electric shock. Any person who has received an electric shock, no matter how minor it may seem, should be assessed by a medical practitioner as there could be delayed affects such as irregular or lowered heart rate and;

After recovering from unconsciousness. Any person(s) who has lost consciousness for any amount of time not matter how small, should be assessed by a medical practitioner.

### 5.3 Medical Treatment

Medical treatment can be obtained by contacting Public Safety on **extension 4444** on campus, **302-857-7911 off campus** (refer to the quick reference) or Emergency Services directly 911 (dial 9 for an outside line if calling from a campus phone) to arrange for an ambulance to arrive at the scene of the incident.

In some cases, it may be appropriate for the injured person to go to a medical center for treatment. Where this is the case, the injured person should be referred to a medical treatment centers dependent upon availability and expertise and status. Some examples are:

- a. DSU Student Health Center: Full time undergraduate students and full time residential graduate students may go to the Student Health Center. **(302)857-6393**
- b. Kent County Hospital
- c. Christiana Medical Center
- d. The injured person's general practitioner.
- e. Walk-in Clinics

This should be decided on a case-by-case basis in consultation with the injured person by the attending first aid provider. For example a swollen ankle may be treated more promptly at a local medical hospital or walk-in clinic as opposed to calling for an ambulance. If in doubt, contact the **Safety Risk Manager at 302-857-7095**.

For injuries occurring at campuses other than DSU's Dover campus, the injured should be referred to the nearest general practitioner, medical center or hospital if an ambulance is not required.

### 5.4 Critical Incident or Post Incident Stress

Critical incidents that are cause for counseling are those incidents which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures. The following option is available for support and assistance for those experiencing critical incident stress: University Employee Assistance Program via HMS.

This is a professional counseling service available to University staff or their families which is confidential and free for personal or work related problems. This is voluntary and the service is provided by experienced registered psychologists. To access the University EAP contact the HMS at 800-343-2186 or [www.hmsincorp.com](http://www.hmsincorp.com).

The University offers a free and confidential service available to graduate and under-graduate students with personal, work or study related difficulties. Counselors are experienced registered psychologists. To access Student Counseling contact the office of Student Counseling at **302-857-7381 or 302-857-7911** after hours.

## **5.5 Internal Incident Reporting Requirements**

The following outlines the process for the internal reporting of incidents including health and safety hazards, injuries, illnesses, dangerous occurrences, near-misses and system failures.

## **5.6 Immediate Action**

Depending on the risk of the hazard or incident involved immediate action must be taken to prevent further persons from being injured. This may involve the activation of emergency procedures or other actions to control the immediate risk to persons in the area, e.g. barricading the area, alerting Buildings and Grounds, Security and the RSM Unit.

If an injury has been sustained, first aid treatment should be given from a suitably qualified first aider promptly.

In some circumstances, a hazard, incident or injury may mean that the scene cannot be disturbed. These are termed serious incidents and include any work related occurrence that:

- Results in the amputation of a limb,
- Results in the person being placed on a life support system,
- Presents an immediate threat to life, for example: - the loss of consciousness of a person due to an impact of a physical force, exposure to toxic substances, electric shock or lack of oxygen,
- Major damage to any equipment, building or structure,
- An uncontrolled explosion, fire or escape of gas, steam or dangerous goods,
- An imminent risk of explosion, fire or escape of gas, steam or dangerous goods,
- Entrapment in a confined space,
- Collapse of an excavation,
- Entrapment in machinery,
- Serious burns,
- Actual or potential exposure of a person to a prohibited carcinogenic or other hazardous substance.

## **6. Types of Incidents to be reported**

The list below represents general criteria for the type of incidents to be reported using the Incident reporting form. The list is not meant to be exhaustive and may require tailoring to specific areas:

Any injury to staff, students, contractors or visitors of any nature or severity sustained while on University campus or while undertaking a University activity off campus e.g. field trip, approved travel, clinical work, attendance to conferences, student placement etc.;

Any incidents which may have had the potential to cause an injury, including diseases in animals that have the potential to be transferred to humans, exposure to chemical agents or physical agents, genetically modified organisms, biological materials, radiation or other hazards;

Dangerous occurrences or system failure which caused or had the potential to cause serious property damage e.g. fires, floods and explosions;

All vehicle accidents occurring on University grounds or while conducting University business;

Sporting injuries arising from University organized activities, both formal and informal;

Injuries sustained by staff or students participating in University organized social activities.

### **6.1 Incident Procedure**

The following is a list of procedures or management processes for some of the types of incidents that may occur. This is not meant to be an exhaustive list and may require modification and additions to best fit specific units.

## **6.2 Biological Incidents**

### **A) Minor Spill Involving Blood or Bodily Fluids**

Wear personal protective equipment like disposable gloves

Cover spill with paper towel or other absorbent materials

Clear area of all visible fluids with detergent (soap/Water).

Decontaminate area with 1:10 dilution of bleach: water if the surface is porous and 1:100 if the surface is hard and smooth or use an approved hospital disinfectant.

Place all disposable materials into a plastic leak-proof bag or medical waste container and dispose of appropriately.

### **B) Biological Spill on Body**

Remove contaminated clothing.

Wash area with soap and water for one (1) minute. For eye exposures, flood eyes with water from an eyewash station.

Obtain medical attention, if necessary

Report incident to supervisor.

### **C) Spilling Involving Concentrated Microorganisms Requiring Bio-Safety Level 2 (BSL-2) Containment (E. coli, Staphylococcus, Blood-borne pathogens, adenoviruses, etc.)**

Alert People in immediate area of spill.

Put on personal protective equipment.

Cover spill with paper towel or other absorbent materials.

Carefully pour a freshly prepared 1:10 dilution of bleach around the edges of the spill and then into the spill. Avoid splashing.

Allow 20 minute contact period.

Wipe up the spill using paper towels and working from the outer edges into the center.

Clean spill area with fresh towels soaked in disinfectant.

Place towels in a plastic bag and decontaminate in an autoclave or medical waste container.

Dispose of according to the CDC Removal Policy for BSL-2 contaminants.  
Report incident to supervisor.

**D) Spill Involving Concentrated Microorganisms Requiring Bio-Safety Level 3 (BL-3) Containment (Mycobacterium tuberculosis (TB) cultures)**

Attend to injured or contaminated persons and remove them from exposure.

Alert people in the immediate area to evacuate.

Close doors to affected area and do not enter area for at least 1 hour.

Have a person knowledgeable of the incident and area assist in proper clean-up according to CDC clean-up and removal policies for BSL-3 contaminants.

Wearing personal protective equipment like gowns, gloves, appropriate respirator and shoe covers, clean up spills as indicated for Bio-safety Level 2 organisms.

Report the incident to supervisor.

**Exposures to human blood or body fluids should be reported immediately to the BioSafety Officer, Environmental Health and Safety (EHS) and the Risk and Safety Manager or their designee at 302-857-7095.**

**Always practice “Universal Precautions” when handling human blood or body fluids.**

## **6.3 CHEMICAL INCIDENTS**

### **A) Minor Chemical Spills**

- a. Alert people in the immediate area of spill.
- b. Avoid breathing vapors from spill.
- c. Turn off ignition and heat sources if spilled material is flammable.
- d. Put on appropriate protective equipment, such as safety goggles, suitable gloves, and long sleeved lab coat.
- e. Confine spill to small area.
- f. Use appropriate kit to neutralize and absorb organic acids and bases.
- g. Use appropriate kit to spill pads.
- h. Collect residue, place in appropriate container and dispose as chemical waste (call Risk and Safety Management for waste collection).
- i. Clean spill area with water.
- j. Contact the EHS Officer

### **B) Chemical Spill on Body**

- a. Brush powdered chemicals off the skin with a gloved hand or piece of cloth.
- b. In case of exposure to an acid or alkali on the skin, flood exposed area with running water from faucet or safety shower for at least 5 minutes.
- c. Remove all contaminated clothing and shoes from the victim, making sure not to contaminate yourself if you are the first aid provider.
- d. Obtain medical attention, if necessary.
- e. Report incident to supervisor.



### C) Hazardous Material Splashed in the Eye

- a. Immediately rinse eyes and inner surface of eyelid with copious amounts of water unless a specific antidote is available.
- b. **Obtain medical attention.**
- c. Report incident to supervisor.

### D) Major Chemical Spills

Alert people in the area to evacuate.

Turn off ignition and heat sources if spilled material is flammable.

Call 302-857-7911 from an off campus phone or extension 4444 on campus.

Attend to injured or contaminated person and remove them from exposure.

Have person knowledgeable of area assist emergency personnel.

### E) Liquid Hazardous Drug Spills

Alert people in the immediate area of the spill.

Avoid breathing vapors from spill.

Turn off ignition and heat sources if spilled material is flammable.

Put on appropriate protective equipment, such as safety goggles, suitable gloves, and long sleeved lab coat.

Confine spill to small area.

Use appropriate kit to neutralize and absorb organic acids and bases.

Use appropriate kit to spill pads.

Collect residue, place in appropriate container and dispose as chemical waste (call Environmental Health and Safety for waste collection).

Clean spill area with Hazardous Spill Kit available through Environmental Health and Safety.

### F) MERCURY SPILLS:

Call Environmental Health and Safety at 302-857-7095. After hours, call DSU Public Safety at **302-857-7911**

## 6.4 FIRE PROCEDURES

6.4.1 Use the RACE procedure:

**R**emove persons in danger. Exit through stairwell, **do not use elevator.**

**A**ctivate Alarm and dial 302-857-7911 from an off campus phone, 302-857-4444 on campus or 911.

**C**lose Doors and windows.

**E**xtinguish fire. Have person knowledgeable of incident and area assist emergency personnel.

To extinguish the fire, use the correct fire extinguisher and the PASS procedure.

**P**ull the pin

**A**im at the base of the fire

**S**queeze the handle  
**S**weep from side to side

Always maintain accessible exit.  
Avoid smoke or fumes.  
Pull the Pin, Call it in.

#### **6.4.2 Clothing on Fire**

**Stop, Drop and Roll** around on the floor to smother flames or drench with water if safety shower is immediately available.

#### 6.4.3 Know the Locations of the:

Evacuation Routes or Maps  
Safe Areas  
Exit stairwells  
Fire Extinguisher(s)

**ALWAYS REPORT ANY FIRE NO MATTER HOW SMALL.**

### **6.5 Musculoskeletal Disorders (MSDs)**

Musculoskeletal Disorders develop over time and can take a long time to heal.  
Musculoskeletal Disorders can be quite painful and reduce overall effectiveness and efficiency.  
Musculoskeletal Disorders may occur in any part of the body  
A variety of risk factors can increase the risk of developing a MSD  
Reducing exposure to these risk factors may reduce the likelihood of developing injury  
The sooner a MSD is identified, the better the chances of quickly recovering or preventing possible progression of the problem.

#### **MSD Signs and Symptoms:**

Inflammation  
Pain  
Redness  
Swelling  
Numbness  
Tingling  
Loss of Function  
Deformity

Seek medical treatment if you experience any of these MSD signs or symptoms.

For an ergonomic assessment of your work area, contact the **Safety Risk Manger at 302-857-7095.**

#### **6.5.1 Visitor Injuries/Illnesses**

Respond to Injured  
Report Incident to DSU Public Safety and or the Risk and Safety Manager

### **6.5.2 Employee Work-Related Injuries/Illnesses**

If emergency care is needed call 911.

All work-related injuries/illnesses regardless of the severity must be reported to your supervisor.

File a Report of Occupational Injury/Illness Form within 24 hours.

Obtain care for non-life threatening injuries.

All work related exposure to blood or body fluids are to be reported immediately to the Risk and Safety Manager or Administrator at **302-857-7095**.

See DSU Policy: 7-12 Worker's Compensation Policy

## **6.6 Incidents of Animal Bites or Scratches**

Wash affected area thoroughly with soap and water 3-5 minutes and then cover with a band-aid or sterile dressing. Flush eyes as appropriate.

Report injury to supervisor immediately.

Report the Injury or Illness Form within 24 hours to the Risk and Safety Manager or Administrator at **302-857-7095**.

Warning: Bites, scratches or exposure to body fluids received from non-human primates can be extremely serious. Please seek immediate attention from Employee Occupation Health and Wellness. If animal bites or scratches or exposure to body fluids occurs from any non-rodent species, **please notify** the Risk and Safety Manager or Administrator at **302-857-7095**.

## **6.7 Radiological Incidents**

### **6.7.1 Minor Radiological Spills**

Alert people in the immediate area of the spill.

Notify Radiation Safety

Wear personal protective equipment, including safety goggles, disposable gloves, shoe covers and long sleeved lab coat.

Place absorbent paper towels over liquid spills. Place towels dampened with water over solid materials.

Use forceps to place towels in plastic bags. Dispose of in a low-level, radioactive waste container.

Monitor area, hands and shoes form any contamination with an appropriate survey meter or method.

Repeat clean-up until contamination is not longer detected.

**Report incident to supervisor and Radiation Safety Office.**

### 6.7.2 Radiological Spills on Body

Remove contaminated clothing

Rinse exposed area thoroughly with water.

Obtain medical attention, if necessary.

**Report incident to supervisor and Radiation Safety Office.**

### 6.7.3 Major Radiological Spills

Attend to injured or contaminated persons and remove them from spill area.

Alert people in the area to evacuate.

Have potentially contaminated personnel stay in one area until they have been monitored and shown free of contamination.

Call 911, indicate a radiation spill occurred. DSU Public Safety. Public Safety will notify **Radiation Safety**.

Close doors and prevent entrance into affected area.

Have person knowledgeable of incident and area assist emergency personnel.

Document names of persons potentially contaminated.

**Report incident to supervisor and Radiation Safety Office.**

### 6.7.4 Laser Exposure

Seek Medical attention immediately.

Report the incident to supervisor and **Radiation Safety Office**.

## 6.8 Safety or Security or Disaster Incidents

All unsafe work conditions are to be reported to the Risk and Safety Manager at 302-857-7095 as well as to DSU Public Safety.

Security Incidents to Report

Theft

Harassing Telephone Calls

Assault

Personal Threats

Suspicious Activity

Weapon Possession

Disorderly Conduct

Any crime Against Person or Property

Dial 911 or contact the DSU Public Safety at 302-857-7911 from an off campus phone and ext. 4444 from an on campus phone.

Request for **protective escorts** should be made through the DSU Public Safety at 302-857-6290.

## 6.9 Utilities

Building Utility or Maintenance Problems or Failures.

The DSU Facilities Management Department is responsible for providing systems and building support including:

- Electrical Problems
- Fire and other Alarm Systems
- Heating or Air Conditioning
- General Carpentry
- Plumbing Problems
- Elevator Problems

## 7 Hazard or Incident Reporting

A hazard or incident report is to be completed for all hazards, incidents, injuries, illnesses, dangerous occurrences and system failures arising from reported hazard, incidents or workplace safety inspections as outlined in section 6 of this policy.

OSHA is the University's main register of injuries, incidents and hazards.

EHS will coordinate with Public Safety and the Municipal Fire Department or the Fire Marshall in the investigation of fires.

### 7.1 Submitting the Hazard/Incident Report Form

Once the online report form has been submitted a copy is sent to the appropriate supervisor for approval and the **OHS Officer** for review. On approval by the supervisor, risk control methods (corrective actions) detailed in the report form will be emailed to the appropriate party for action. In some instances, notification to the **OHS Unit** is required immediately after an incident or hazard is reported. Occasions where this may occur include:

- 7.1.1 when a hazard is identified which poses an immediate risk to health and safety; or
- 7.1.2 an injury which requires medical treatment (does not include first aid); or
- 7.1.3 time lost from work.

### 7.2 Corrective Action

The implementation of appropriate corrective actions is critical to the success of reducing the risk of hazards in the workplace.

From the risk assessment, corrective actions will need to be implemented to eliminate or reduce the risk to an acceptable level utilizing the hierarchy of controls. Depending on the risk of the hazard involved, the following time periods will be used as a guide for completion of corrective actions:

<b>Risk Level</b>	<b>Time Frame</b>
Extreme	Immediately
High	24 hours
Medium	14 days
Low	28 days
Negligible	Not applicable

At least one corrective action is required to be implemented to reduce the risk to an acceptable level.

Once the corrective action plan is determined, including responsibilities and timeframes, the details are to be recorded in the incident follow up report.

Corrective actions are to be communicated and monitored. Once a corrective action has been completed, the date of completion must be entered for the incident as listed in the responsible person's work-list on the incident follow up report.

If corrective actions are not completed by their due date a reminder will be sent to the responsible person. Corrective actions which are not completed on time are reviewed by the RSM on a monthly basis and escalated to the supervisor to outline a plan for completion.

### **7.3 Review**

Follow up of the implementation of the controls should be conducted by the supervisor to ensure the following questions are answered:

Have the corrective actions as stated by the initial notification been completed?

Have the corrective actions as stated in the initial notification been effective in reducing the risk of injury?

Have the corrective actions introduced new hazards?

If required another hazard report may be required to document a new hazard or initiate further corrective actions.

## **8 External Reporting Procedures**

Some hazards, incidents, injuries, illnesses or dangerous occurrences are required to be reported to external authorities including OSHA. In addition to the serious incidents listed in **Section 6.2**, any work-related occurrence which presents a serious risk to health or safety must be reported to OSHA. These include:

An injury to a person (supported by a medical certificate) that results in the person being unfit, for a continuous period of at least 7 days, to attend the person's usual place of work, to perform his or her usual duties at his or her place of work or, in the case of a non-employee, to carry out his or her usual activities;

An illness of a person (supported by a medical certificate) that is related to work processes and results in the person being unfit, for a continuous period of at least 7 days, to attend the person's usual place of work or to perform his or her usual duties at that place of work,

Damage to any plant, equipment, building or structure or other thing that impedes safe operation;

An uncontrolled explosion or fire;

An uncontrolled escape of gas, dangerous goods (within the meaning of OHSA's Dangerous Goods Regulations) or steam;

A spill or incident resulting in exposure or potential exposure of a person to a prohibited carcinogenic substance;

Removal of workers from lead risk work due to excessive blood lead levels;

Exposure to bodily fluids that presents a risk of transmission of blood-borne diseases;

The use or threatened use of a weapon that involves a risk of serious injury to, or illness of, a person;

A robbery that involves a risk of serious injury to, or illness of, a person;

Electric shock that involves a risk of serious injury to a person;

Any other incident that involves a risk of:

- Explosion or fire; or
- Escape of gas, dangerous goods (within the meaning of OHSA's Dangerous Goods Regulations) or steam; or
- Serious injury to, or illness of a person; or
- Substantial property damage.

Incidents which are required to be notified to OSHA including employee, students or visitors shall be completed via the RSM according to OSHA guidelines. Workplace injuries to employees which are not immediately reportable to OSHA are reported via the monthly workers compensation reporting process.

Incidents involving Genetically Modified Organisms should be reported immediately to the RSM

Incidents involving imported materials should be reported to OSHA. Refer to OSHA Hazard Communication standard (*Title 29 Code of Federal Regulations* (CFR) Part 1910.1200)

Incidents involving radiation shall be reported to the Assistant Secretary of Labor or his duly authorized representative as per the (*Title 29 Code of Federal Regulations* (CFR) Part 1910.1096(1)(1)).

## **9 Incident Investigation**

Information regarding the process for conducting incident investigations is located in the Incident Investigation Procedure.

## **10 Privacy and Confidentiality**

Any incident reported as a requirement of this guideline will be handled in confidence in accordance with HIPPA.

Medical information received via incident reports will be treated as confidential. Any names or other identifiers included in Cleary Act reports will be removed to preserve confidentiality of the injured person.

## Quick Reference

Blood /Body Fluid	302-857-7095
DSU Police/ Public Safety	302-857-7911 off campus 302-857-4444 campus phone 302-857-6290 (escort)
Employee Counseling Services	800-343-2186 <a href="http://www.hmsincorp.com">www.hmsincorp.com</a>
Employee Occupation Health and Safety Administrator	302-857-7095
Poison Control	800-222-1222
(Emergency) Risk Management	302-857-7095
Safety Reporting Systems (internet)	
Student Counseling Services	302-857-7384
Student Health Center	302-857-6393
Workers Compensation aka Safety Risk Manager	302-857-7095

# EMERGENCY 911



# INCIDENT REPORTING FORM

## Reporting Person and Department Section

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone number/extension: \_\_\_\_\_

Department: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Unit/Department name (location of incident): \_\_\_\_\_

Description of operation and the incident: \_\_\_\_\_

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Factors that lead to the incident: \_\_\_\_\_

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## Internal Use Only:

Incident Name and Number assigned: \_\_\_\_\_

Date Incident Report received: \_\_\_\_\_

# INCIDENT FOLLOW-UP REPORTING FORM

Incident Name and number assigned: \_\_\_\_\_

Incident date and time: \_\_\_\_\_

Start date of the follow up: \_\_\_\_\_

End date of the follow up: \_\_\_\_\_

Applicable standards and their effectiveness: \_\_\_\_\_

Corrective or preventive actions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Risks that contributed to the incident: Weather, Biohazard, Hazardous Materials, Communication, Water Hazard, Fatigue, Driving Hazard (bends), Dehydration etc. : \_\_\_\_\_

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\_\_\_\_\_

Name and title of person(s) reviewing incident: \_\_\_\_\_