PHYSICAL PLANT
OPERATING POLICY AND PROCEDURE

PP/OP 02.02: Personal Injury Incident Reporting

DATE: January 7, 2010

PURPOSE

The purpose of this Physical Plant Operating Policy and Procedure (PP/OP) is to establish the department policy for personal injury incident reporting and provide guidance and procedures to inform all personnel of the required and appropriate personal injury incident reporting process. This PP/OP complies with TTU OP 70.13, Workers’ Compensation Insurance.

REVIEW

This PP/OP will be reviewed in December of each odd numbered year (ONY) by the associate director for business office and material resources – physical plant and recommendations forwarded to the managing director – physical plant.

POLICY/PROCEDURES

1. General Policy

   All personal injury incidents and occupational illnesses experienced by Physical Plant personnel will be reported immediately to the safety coordinator. The required paperwork will be processed by and/or through the safety coordinator to the Department of Risk Management.

2. Definitions

   a. Personal Injury Incident/Illness: Any minor or major personal injury/occupational illness that requires medical attention and lost work time.

   b. Supervisor: An employee’s immediate supervisor, section supervisor, foreman, or general supervisor.

   c. Superintendent/Manager: Person responsible for supervising and/or directing a group of foremen/supervisors.

   d. Director: Either a section head, director, or associate director.
3. **Accountability**
   
a. The managing director – physical plant is responsible for enforcing compliance and reviewing this PP/OP.

b. Director(s) will be responsible for ensuring that all personnel in their section report personal injury incidents/illnesses as established in this procedure and required paperwork is processed in compliance with the established deadlines. Director(s) will also review required reporting forms, take corrective action to prevent recurrence, and sign or initial where appropriate in acknowledgment.

c. The safety coordinator will be responsible for:

   1. Completing and/or coordinating the completion of all required reporting forms.

   2. Duplication and distribution of all forms in compliance with the established deadlines. Distribution will include: Employee’s Health and Safety Record, Risk Management, and Physical Plant Safety Office.

d. Superintendents/managers will review required reporting and investigating forms, make comments and/or recommendations for corrective action, and sign or initial where appropriate.

   The manager – custodial services will notify the Safety Office by 9 a.m. on the workday following the injury/illness or by 9 a.m. on the workday following the report of an injury/illness.

   Superintendents/managers should include photographs to fully explain the incident scene.

e. The Supervisor will be responsible for notifying the safety coordinator immediately. Employee(s) involved must accompany the supervisor to the Safety Office unless immediate medical attention is necessary. Supervisors will assist in the investigation, paperwork completion, and corrective action process(es).

   Custodial supervisors will report personal injury incidents/illnesses directly to the manager – custodial services who will then notify the Safety Office as outlined above.

   All supervisors are responsible for maintaining contact with injured employee(s) regarding the recovery process. Supervisors are also responsible for ensuring all paperwork from an attending physician is sent to the Safety Office.
f. The injured employee will be responsible for providing full cooperation to management in order to complete required reporting and investigating forms by the established deadlines.

An employee who is absent due to an on-the-job injury will be required to call his/her supervisor a minimum of once a week to provide updates regarding their medical status. He/she must also provide his/her supervisor continuous medical documentation which supports the medical necessity to be off work at the onset of the absence and at least every 30 days thereafter until returning to work. Failure to report weekly to the supervisor or to provide the required medical documentation may result in disciplinary action. Severity of this action could range from counseling to possible suspension.

4. Reporting Procedures – Personal Injury Incident/Illness

a. Employee and/or co-worker must verbally notify their supervisor(s) immediately after a personal injury incident/occupational illness occurs.

b. Supervisors are responsible for conducting an evaluation of the injured employee to determine if there is reasonable suspicion to conduct post-incident alcohol or drug testing. If reasonable suspicion does exist, the employee must take a breath alcohol test within two hours of the incident and produce a urine sample for drug testing within 32 hours of the incident. For additional information refer to TTU OP 70.35.

c. Supervisors will notify the safety coordinator immediately after being informed. Custodial supervisors report immediately to the manager – custodial services who will notify the safety coordinator. If the incident/illness occurs outside normal working hours, notify the Safety Office by 9 a.m. on the workday following the date of the injury/illness or 9 a.m. on the workday following the report of an injury/illness. If the safety coordinator is not available, notify the associate director for business office and material resources – physical plant. The safety coordinator or the representative must immediately verbally notify the Risk Management Department.

Reportable personal injury incidents and occupational illnesses must be IMMEDIATELY addressed due to the stringent reporting requirements established by Texas Workers Compensation. Failure to comply with deadlines could result in fines up to $500.
d. **For Minor Injuries:** If the injury is minor and occurs during normal working hours, the supervisor or safety coordinator will accompany injured employee to the doctor. Physical Plant recommends the use of Occ-Med Associates of Lubbock located at 5402 Avenue Q South at 56th Street for treatment since they specialize in occupational medicine.

If the injury is minor and occurs any other time and the injured employee will not seek medical attention until normal working hours, the Physical Plant recommends the use of Occ-Med Associates of Lubbock located at 5402 Avenue Q South at 56th Street.

Injured employees returned to duty with medical restrictions and/or limitations by their attending physician are responsible for participating in the Early Return to Work and Alternate/Light Duty Program. Refer to PP/OP 02.03 for more specific guidance.

For **Major Injuries:** Co-worker(s) will call 9-911 on campus for emergency transport to the nearest medical facility.

e. **Written Reporting:** Five (5) forms must *immediately* be processed and forwarded to the Risk Management Department prior to 5 p.m. on the workday following the date of injury/illness or 5 p.m. on the workday following the report of an injury/illness. These forms include:

1. *Employer’s First Report of Injury of Illness, Attachment A*;
2. *Employee’s Election Regarding Utilization of Sick and Annual Leave, Attachment B*;
3. *Witness Statement, Attachment C*;
4. *Employee’s Report of Injury, Attachment D*; and

Employee and supervisor will report to the Safety Office to complete all applicable paperwork. The custodial department will prepare required paperwork as outlined above and forward to the Safety Office.

The employee will complete the employee section of Attachment F, *PP Supplemental Incident Investigation* and actively participate in the supervisor’s investigation of the incident/illness.
Supervisors, Superintendents/Managers will complete 1) the supervisor’s endorsement section of the PP Supplemental Incident Investigation Form, Attachment F and 2) sections A – N of the Supervisor’s Investigation of Employee’s Accident/Incident, Attachment G (TTU OP 70.13 Attachment F) sign and forward to the section director for comments.

The section director will review the supervisor’s actions and annotate concurrence or additional action to be taken. Complete 1) section P.2. Of the Supervisor’s Investigation of Employee’s Accident/Injury, Attachment G, 2) PP Incident Investigation, Director’s Checklist, Attachment H, sign and forward it to the safety coordinator for distribution and permanent file.

Photographs of the injury incident scene should be acquired immediately following the incident. Photos should depict the conditions of the incident area/scene as it existed during the incident, if reasonably possible.

Injured employees returned to duty with medical restrictions and/or limitations by their attending physician are responsible for participating in the Early Return to Work and Alternate/Light Duty Program. Refer to PP/OP 02.03 for more specific guidance.

f. Lost Time Injury Incidents: Employees are responsible for participating in the Early Return to Work and Alternate/Light Duty Program when appropriate. Refer to PP/OP 02.03 for specific guidance.

An employee who is absent due to an on-the-job injury will be required to call his/her supervisor a minimum of once a week to provide updates regarding their medical status. He/she must also provide to his/her supervisor continuous medical documentation which supports the medical necessity to be off work at the onset of the absence and at least every 30 days thereafter until returning to work. Failure to report weekly to the supervisor or to provide the required medical documentation may result in disciplinary action. Severity of this action could range from counseling to possible suspension.

All paperwork received from their physician should be provided to the Safety Office.

Supervisors are responsible for maintaining contact with the injured employee. The contact is made in order that employees know the Physical Plant administration is concerned and interested in their welfare and condition. The safety coordinator should be kept informed of the employee’s condition and the date on which they will be able to return to work.
### RESPONSIBILITIES

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**APPROVED:** ________________________________  
Reviewer

**APPROVED:** ________________________________  
Director for Physical Plant