

LUCAS COUNTY, OHIO BOARD OF COMMISSIONERS	NUMBER: 12	PAGE 1 OF 4
TITLE: ACCIDENT AND INCIDENT REPORTING	PERSONNEL ADMINISTRATIVE X	RESOLUTION NO: 12-272
EFFECTIVE DATE: MARCH 13, 2012	TYPE: POLICY X PROCEDURE	SUPERSEDES: 95-390 POLICY # 12 PROCEDURE #

POLICY STATEMENT

Accident and incident reporting and investigation is necessary to determine the factors which caused the accident; to determine and initiate preventive measures; to assist in the processing of workers compensation and liability claims, and to provide statistical data for accident analysis. Effective accident and incident reporting and investigation can result in financial savings, increased productivity and efficiency, and reductions in injuries and other controllable losses.

To accomplish these important tasks, all of the following will be promptly reported to the Lucas County Office of Management and Budget-Risk Management Division:

- * Occupational injuries or illnesses involving County employees
- * Injuries to the visiting public
- * Incidents involving damage to County property
- * Incidents where County employees damage private property
- * On-the-job vehicular accidents

The Lucas County Office of Management and Budget-Risk Management Division shall ensure that an appropriate investigation is conducted as soon as possible.

PROCEDURES

A. Occupational Injury or Illness

1. For a serious, life-threatening injury or illness (employee is unconscious; not breathing; no pulse; severe allergic reaction; extensive bleeding) -- notify 9-1-1 immediately. Administer first aid if qualified to do so. Every County department will have a readily available first aid kit (or kits) sufficient for the size and scope of the workforce. The kit(s) shall be inspected regularly, and re-supplied as necessary. All kits shall include disposable gloves and a one-way CPR valve. No employee shall administer first aid before putting on disposable gloves!
2. For an injury or illness that is not an emergency but still requires physical care -- administer first aid if you are qualified to do so (preference is to give the injured employee the necessary first aid supplies so that they can treat themselves, if possible). Employee may be treated at an Occupational Health Center, Urgent Care Center, or by their own physician.

3. Employees must immediately report to their Supervisor any occupational injury. "Immediately" means as soon as possible, but in all cases before the end of the employee's workday. If a supervisor is not available, the injury must be reported the next available work day.
4. The Elected Official/Department Head must report to the Office of Management and Budget-Risk Management Division every occupational injury or illness within 24 hours of Management's awareness of the injury or illness. This initial report can be by telephone or by FAX. On weekends or holidays, this initial report should be made as soon as possible on the next scheduled normal workday (Monday - Friday).
5. Management must complete a County Incident Report, or use their department's substitute form if it is comparable, or the PERRP 301P, and submit the completed form to the Office of Management and Budget-Risk Management Division within 24 hours of Management's awareness of any injury or illness. This form can be delivered through inter-office mail, hand-delivered, or FAXed.
6. Every occupational injury and illness shall be investigated. "Traditional" occupational injuries will be investigated by the Risk Management Specialist or his designee. The Risk Management Specialist will conduct an incident interview for all other injuries when deemed necessary. The Risk Management Specialist (or his designee) will investigate occupational illnesses. "Peace Officers" and "Corrections Officers" are exempt from the Public Employment Risk Reduction Act; therefore, in most cases, the Sheriff will maintain responsibility for investigating "line of duty" injuries to those employees.
7. The focus of every investigation will be on the facts, and not on placing blame. The goal is to determine casual factors and recommend actions to eliminate or reduce the hazard(s).
8. A "Hazard Correction Progress Report" will be completed by the department head, showing what steps have been taken to address the hazard(s). This report will be kept on file in the Office of Management and Budget-Risk Management Division.
9. If the injured or ill employee is covered under the Public Employment Risk Reduction Act, and the injury or illness is recordable as defined by the PERRP Act, then Management must ensure that the appropriate notations are made on that department's annual PERRP 300P and PERRP 300AP Logs.
10. Each February, in compliance with the Public Employment Risk Reduction Act, each department will post the previous year's PERRP 300AP Log. A copy of this Log will be sent to the Office of Management and Budget-Risk Management Division.

B. Injury to the Public/Damage to County or Personal Property

1. Notify 9-1-1 immediately in the event of a serious, life-threatening injury.
2. Management must complete an "Incident Report" (see attached) and return a copy to the Office of Management and Budget-Risk Management Division as soon as possible as described in the "Risk Retention Fund Procedural Policy".
3. Once complete information has been received from the reporting department, the Office of Management and Budget-Risk Management Division will notify the appropriate insurance company, and will initiate and maintain an investigative/insurance file on the incident reported.

C. Vehicular Accidents

1. Send for the police. If someone is injured, notify 9-1-1 immediately for medical attention, and follow the appropriate reporting paragraphs above.
2. If possible, take steps to prevent further accidents -- park safely on the side of the road, set out warning devices.
3. All County-owned and leased vehicles will be supplied with a complete "Accident Report Kit," that includes a Driver's Accident Report, Insurance Identification Card, Witness Questionnaires and Injury Questionnaire.
4. Except in emergencies: Complete the Driver's Accident Report.
5. Discuss the accident only with police and your supervisor. Do not make any comments regarding responsibility for the accident. Provide the other driver(s) with the information contained on the "Insurance Identification Card"; get similar information from the other driver(s).
6. If possible, have witnesses complete the "Witness Questionnaire".
7. Employees involved in an accident must notify their supervisor immediately. All completed cards and reports must be submitted to the Office of Management and Budget-Risk Management Division for insurance purposes as soon as possible. (Note: if there was property damage, an "Incident Report" may also have to be completed and submitted).

8. Once complete information has been received from the reporting department, the Office of Management and Budget-Risk Management Division will notify the appropriate insurance company, and will initiate and maintain an investigative/insurance file on the accident.

APPROVED BY:

Bijette Kabat

DATE:

3/14/12

EXHIBIT 1

LUCAS COUNTY ENTITIES

- * **Lucas County, Board of Commissioners and their Departments**
- * **Lucas County Solid Waste Management District**
- * **Lucas County Workforce Development**
- * **Lucas County Children Services Board**
- * **Lucas County Court of Common Pleas, General Division**
- * **Lucas County Prosecutor**
- * **Lucas County Prosecutor (Suburban Courts)**
- * **Lucas County Board of Developmental Disabilities fka Lucas County Board of Mental Retardation**
- * **Lucas County Recreation Center**
- * **Lucas County Treasurer**
- * **Lucas County Auditor**
- * **Lucas County Court of Common Pleas, Domestic Relations Divisions**
- * **Lucas County Child Support Enforcement Agency**
- * **Lucas County Court of Common Pleas, Juvenile Division**
- * **Lucas County Clerk of Courts**
- * **Lucas County Court of Common Pleas, Probate Division**
- * **Lucas County Veteran Services**
- * **Lucas County Sheriff**
- * **Lucas County Recorder**
- * **Lucas County Emergency Management**
- * **Lucas County Board of Health aka (Toledo-Lucas County Regional Health Department)**
- * **Lucas County Community Development**
- * **Lucas County Engineer**
- * **Lucas County Mental Health and Recovery Board (Formerly Lucas County Mental Health Board and Lucas County Alcohol & Drug Addiction Services Board)**
- * **Lucas County Sanitary Engineer**
- * **Lucas County Wastewater Treatment Plant**
- * **Lucas County 9-1-1**
- * **Lucas County Coroner**
- * **Lucas County Board of Elections**
- * **Lucas County Emergency Medical Services (E.M.S.)**
- * **Lucas County Facilities**
- * **Lucas County Court of Appeals**
- * **Lucas County Family Council**

LUCAS COUNTY INCIDENT/ACCIDENT REPORT
(To be completed by the employee and supervisor)

Name: _____	Job Title: _____
Department: _____	
Location of Incident: _____	
Incident Date: _____	Time: _____ A.M. P.M.
Date Reported: _____	To Whom: _____

Description of Incident: _____ _____ _____	
Witness(es):(Name / Address / Phone) _____ _____	

INJURY: What part(s) of your body was/were affected (be specific: right elbow, left knee, right index finger) _____
What type of injury did you experience? (be specific: bruise, laceration, pull) _____
Was first aid provided at the scene? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: _____
Did you seek other Medical Treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? _____

Property / Equipment Damage: (Please include location and description) _____

Supervisor's Signature: _____ Date: _____

Medical Release
Under current workers' compensation law, the employer is entitled to a signed medical release.

I hereby authorize any person or persons who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer and/or Managed Care Organization (representative of employer). A copy of this form will serve as the original.

Employee's Signature: _____ Date: _____

Fax Copy to Diane Robinson at (419) 213-2601 or email to drobins@co.lucas.oh.us