

CCS Administrative Procedure

2.30.05 – J Reporting Medical Emergencies, Accidents and Work-Related Injuries

Implementing Board Policy [2.30.05](#)

Contact: Environmental Health & Safety, 533-8686

1.0 Reporting Medical Emergencies, Accidents and Work-Related Injuries (summary of Board of Trustees Policy 2.30.05)

Community Colleges of Spokane is committed to the health and safety of its faculty and staff, and in maintaining a safe and efficient workplace that complies with all local, state and federal safety and health regulations, programmatic standards, and with any special safety concerns identified at the unit level. An important part of maintaining a safe workplace for staff and safe environment for students and visitors is providing for prompt medical care in emergencies and investigating accidents and work-related injuries to determine the cause(s) and identify corrective action to minimize future incidents.

- 1.1 To achieve this objective CCS has developed this procedure in accordance with [Chapter 296-800 WAC](#) and [WAC 296-27-031](#) to:
 - 1.1.1 Provide guidance for reporting medical emergencies, whether work related or not;
 - 1.1.2 Establish a formal reporting structure for accidents and work-related injuries; and
 - 1.1.3 Provide a formal mechanism for documenting accidents and injuries and provide for investigation and remedial action to correct unsafe conditions or behaviors.

2.0 Responsibilities

- 2.1 All CCS employees
 - 2.1.1 For any medical emergency, whether involving the employee or co-worker, student or campus visitor, immediate reporting is required:
 - 2.1.1.1 To 9-1-1 if it is a serious or potentially life-threatening emergency.
 - 2.1.1.2 To the Office of Campus Safety at 509-533-3333 if the injury is not serious but involves a visitor.
 - 2.1.1.3 To the employee's supervisor if it involves the employee and does not require medical treatment beyond first aid.
 - 2.1.1.4 Employees who determine they need non-emergency care beyond on-site first aid may seek medical attention at a health care provider prior to reporting to their supervisor but must report the injury as soon as possible thereafter to their supervisor.
 - 2.1.2 Each individual who has an accident, near miss or injury is responsible for notifying his/her supervisor promptly, if possible.
 - 2.1.3 An employee seeking professional medical treatment for the incident must inform the physician's office, hospital, emergency center, etc. that the injury or illness was work-related.
- 2.2 Supervisory Employees
 - 2.2.1 Supervisors will determine the proper course of action to determine the sequence of contributing causes to an accident or occupational illness in order to recognize and eliminate these causes and avoid recurrence of similar accidents or illnesses.
 - 2.2.2 Supervisors will ensure that the CCS [Accident Report Form](#) is completed within 24

hours.

- 2.2.3 In case of a serious injury that requires inpatient hospitalization or fatal accident, the Environmental Health and Safety (EH&S) Office and/or Human Resources Office (HRO) must be notified immediately.
- 2.2.4 Supervisors will participate as directed in investigating an incident/accident in conjunction with the EH&S office.
- 2.3 Environmental Health and Safety Officer
 - 2.3.1 The EH&S officer will investigate or direct the investigation of any incident/accident as appropriate.
 - 2.3.2 A determination will be made whether a [Work Order Request](#), with recommendation for correction of any potential hazard(s), needs to be completed as a result of the investigation of an incident/accident.
 - 2.3.3 Per [WAC 296-27-031](#), any work-related fatalities, inpatient hospitalizations, amputations and/or losses of an eye must be reported to the Washington State Department of Labor and Industries (L&I), Division of Occupational Safety and Health (DOSH) within eight hours. It is the responsibility of the EH&S officer or HRO to report these accidents to DOSH within a timely manner.
- 2.4 Human Resources Office
 - 2.4.1 Follow up on Workers' Compensation Claims and maintain records.
 - 2.4.2 Keep records of work-related injury or illness and related documents.
 - 2.4.3 Maintain the records of work-related accident/injury on Occupational Safety and Health Administration (OSHA) required forms.
 - 2.4.4 Maintain the medical follow-up records associated with work-related accident/injury.
 - 2.4.5 As defined by section 2.3.3 of this procedure, HRO will work closely with the EH&S office to notify DOSH of the reportable accidents.

3.0 Accident Reporting Process

- 3.1.1 In order to determine the sequence of contributing causes to an accident or illness, all employees must promptly report an injury or illness, regardless of the degree of severity, to their supervisor as soon as possible.
 - 3.1.1.1 Whenever there is a medical emergency, accidental injury, work-related injury, incident or near miss, an [Accident Report form](#) must be completed by either the affected person, a witness to the incident, a supervisor or an employee.
 - 3.1.1.2 The Accident Report must be completed within 24 hours of the incident.
 - 3.1.1.3 The employee who sustains the work-related injury or illness must contact Human Resources to arrange for any required time off work. All paperwork involving a work-related injury and illness will be kept on file in the HRO.
 - 3.1.1.4 Injuries and illnesses that occur at off-campus sites, but during approved college activities and functions, should also be reported on the form.
 - 3.1.1.5 In case of a serious injury that requires inpatient hospitalization, the EH&S office must be notified immediately.
 - 3.1.1.6 In regard to accidents and medical emergencies involving a student or visitor, sections 3.1.1.1 to 3.1.1.3 of this procedure must be followed.

4.0 Accident investigation

- 4.1 Upon receipt of the completed Accident Report form, or verbal notification of a minor, near-miss or serious injury, it is the responsibility of the EH&S Office to determine whether further accident investigation is necessary, utilizing the CCS Investigation Report form. The EH&S officer conducts an investigation and may ask the building safety representative for assistance.
- 4.2 The accident investigation may or may not require completion of a [Work Order Request](#), with recommendation for correction of any hazard(s) noted.
- 4.3 To conduct an investigation of a work-related accident resulting in certain types of injuries (i.e. fatalities, inpatient hospitalizations, amputations, and loss of an eye), the EH&S office and the department in which the accident occurred or Security or Facilities as appropriate if the accident occurred outside will coordinate the following:
 - 4.3.1 Ensure equipment involved in the work-related accident is not moved.
 - 4.3.1.1 The department or Security or Facilities as appropriate will not move the equipment until a representative of the Washington State Department of L&I investigates the incident and releases the equipment unless moving the equipment is necessary to:
 - Remove any injured persons; and/or
 - Prevent further incidents and injuries.
 - 4.3.2 The department or Security or Facilities as appropriate will assign individuals to assist the EH&S officer and the Department of L&I.
 - 4.3.3 The EH&S officer in conjunction with the department or Security or Facilities as appropriate will conduct a preliminary investigation for all serious injuries.
 - 4.3.4 The EH&S officer will document the preliminary investigation findings for use in any formal investigation.

5.0 Reporting fatalities, inpatient hospitalizations, amputations, and loss of eyes as the result of work-related incidents

- 5.1 The EH&S office in conjunction with HRO will report to the DOSH within eight hours of a work-related incident that results in:
 - A fatality; or
 - An inpatient hospitalization of any employee.
- 5.2 According to [WAC 296-27-031-2](#), the EH&S office or HRO “will report to DOSH within 24 hours of a work-related incident that results in either an amputation or the loss of an eye that does not require inpatient hospitalization.”

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- If the amputation or loss of an eye requires inpatient hospitalization, the eight-hour reporting requirement as defined by [WAC 296-27-031-1](#) must be followed.
 - Inpatient hospitalization that involves only observation or diagnostic testing is not a reportable inpatient hospitalization.
- 5.3 The EH&S office or HRO must report the fatality, inpatient hospitalization, amputation or loss of an eye in the required time frame using one of the following methods:
 - 5.3.1 By telephone to the Washington State Department of Labor and Industries (L&I) toll-free telephone number, 1-800-4BE-SAFE (**1-800-423-7233**) or in person to the Division of Occupational Safety and Health (DOSH) office located nearest to the site of the incident;

- 5.3.2 By telephone to OSHA, [1-800-321-OSHA \(1-800-321-6742\)](tel:1-800-321-OSHA); or
- 5.3.3 To DOSH by any other means.
- 5.4 The EH&S office and/or HRO will provide DOSH with the following information for each fatality, inpatient hospitalization, amputation or loss of an eye:
- The organization name;
 - The location of the work-related incident;
 - The time and date of the work-related incident;
 - The type of reportable event (i.e., fatality, inpatient hospitalization, amputation or loss of an eye);
 - The number of employees who suffered a fatality, inpatient hospitalization, amputation or loss of an eye;
 - The names of the employees who suffered a fatality, inpatient hospitalization, amputation or loss of an eye;
 - Contact person and their phone number; and
 - A brief description of the work-related incident.
- 5.5 In addition to reporting fatalities that occur during or right after a work-related incident, CCS must report fatalities that occur within thirty days of a work-related incident to DOSH.
- 5.6 CCS must report to DOSH when a heart attack that results in a fatality or inpatient hospitalization occurs in the work environment. DOSH will decide whether to investigate the event, depending on the circumstances of the heart attack.

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- CCS must only report to DOSH each inpatient hospitalization that involves medical care or treatment. Inpatient hospitalization involving only observation or diagnostic testing need not be reported.