

SUNY OSWEGO
ENVIRONMENTAL HEALTH AND SAFETY

**Reporting On-The-Job Accidents, Injuries, Illnesses
and Medical Emergencies**

Procedure Number EHS-Injury Reporting - 2015	Revision Number 00	Effective Date
		Approval Date

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I. Purpose:

The purpose of this program is to ensure that all on the job injuries/illnesses are reported. The reporting of these injuries/illnesses in a timely fashion will serve not only to meet regulatory requirements but to also aid in accident prevention efforts. All employees are responsible for promoting a safe and healthful work environment. To prevent injuries, illnesses and accidents from occurring, unsafe work conditions or unsafe behavior must be reported. Supervisors should supply the appropriate corrective action for unsafe conditions whenever it is possible, Environmental Health and Safety should be contacted for situations that require special attention.

II. Scope:

This program applies to all SUNY Oswego Employees who are injured while on the job at SUNY Oswego or while performing job related activities as described in New York State Department of Labor Division of Safety and Health SH 901 Instructions for Recording and Reporting Public Employees, Occupational Injuries and Illnesses (as referenced by 12NYCRR Part 801).

III. Applicability:

Applicable: This program applies to all SUNY Oswego Employees to include:

1. UUP, CSEA, PEF, NYSCOB, PBANYS or Management/Confidential
2. State Student Employee (Graduate Assistant, Work-Study, Student Assistant)

Not Applicable: This program does not apply to:

1. Non SUNY Oswego Employees
2. Auxiliary Services Employees
3. Contractors and Employees of Contractors
4. Research Foundation Employees
5. Research Foundation Student Employee (Research Project Assistant, Research Aide, Senior Research Aide)
6. Students
7. Visitors

IV. Regulatory Requirements:

The New York State Public Employees Safety and Health Act - 12NYCRR Part 801 - Recording and Reporting Public Employees' Occupational Injuries and Illnesses (Statutory authority: Labor Law § 27-a) which has been included as Appendix A of this document.

V. Definitions

Accident – An unintended occurrence arising in the work environment that results in injuries, illnesses, or property damage.

Designee – Someone authorized by the employee (such as a family member or union representative) to contact the NYS Accident Reporting System to report an on the job injury/illness.

Emergency Contact Numbers – The following Emergency Contact Numbers are utilized under this policy:

1. **University Police – X 5555 or 911** contact in the event of a medical emergency
2. **Environmental Health and Safety X 3157** – contact if a Health and Safety issue is present
3. **NYS ARS – 1-888-800-0029** contact in the event a workplace injury or illness requires medical attention.
4. **Facilities Maintenance Operations Office – x 3200 after 3:30pm x 3117**
5. **Human Resources- x 2230**

Injury or illness – According to the Department of Labor, an injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Medical Emergency – An injury or illness that is acute (sudden) and poses an immediate risk of a person's life or long term health and requires the assistance of an Emergency Responder. These injuries or illnesses need to be reported to University Police who will activate the response system needed.

Near Miss – A near miss (or close call) is defined as an unintentional, unsafe occurrence that **could** have resulted in an injury, property damage or fatality. For these incidences refer to the SUNY Oswego Near Miss Policy and Procedures which can be found on the Environmental Health and Safety Department Website, and the Facilities Services Web Site.

NYS ARS – New York State Accident Reporting System (ARS) – For NYS Government Employees NYS has a system to report work related injuries and illnesses. The system is called ARS, the Accident Reporting System.

Your call to ARS helps make sure all your workers' compensation benefits are available to you as soon as possible. Depending on the nature of your injury or illness, benefits may include medical treatment, wage replacement, leave usage and other benefits.

Your call to ARS helps reduce administrative costs by managing much of the work load each agency used to handle. And, ARS helps track injuries and illnesses.

Work environment – The work environment is an establishment or other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.

VI. Responsibilities:

The Human Resources Department will have overall responsibility of the program.

For this program to be effective various divisions and departments at SUNY Oswego will have responsibilities as follows:

1. Environmental Health and Safety Department

- a. Having a working knowledge of **12 NYCRR Part 801 and SH 901** in order to provide guidance and direction for compliance.
- b. Provide required information to the SUNY Oswego Presidents Office in the event of a fatality or the hospitalization of two or more employees so that notification can be made within the 8 hour time period to the New York State Department of Labor Division of Safety and Health of such events.
- c. Review all work related injury/illness reports regardless of the severity.
- d. Review all near miss reports.
- e. Conduct accident investigations as warranted to determine the root cause.
- f. Assist in the implementation of corrective actions.
- g. Perform trend analysis and identify priorities for accident prevention efforts.
- h. Keep a copy of Employee Work Related Injury/Illness Reports forwarded from Human Resources for a minimum of 5 years.
- i. Post the Annual Summary of Work-Related Injuries and Illnesses (DOSH 900.1) for the required time period (February 1 – April 30).
- j. Provide Facilities Services with information/training for the successful implementation of this policy.

2. Department Chairs, Facilities Managers and Supervisors

- a. Ensure staff who are under their direction are trained on this policy.
- b. Ensure that the Employee Work Related Injury/Illness Report Forms are available.

- c. Ensure that all work related injuries/illnesses are reported on the Employee Work Related Injury/Illness Report Form.
- d. Encourage staff to report all accidents and near misses.
- e. Forward Employee Work Related Injury/Illness Reports to Human Resources.
- f. Forward Near Miss Reports to Environmental Health and Safety.
- g. Notify the NYS Accident Reporting System in the event injured staff is not capable.
- h. Ensure that staff who are under their supervision have knowledge and are trained on equipment, procedures and policies prior to assigning them tasks.
- i. Work with Human Resources for the return of any staff out of work due to an on the job injury or illness.
- j. Assist Environmental Health and Safety in accident prevention efforts by recommending corrective action including those for near miss incidents.

3. University Police

- a. Respond to injuries/incidents that require medical attention.
- b. Fill out NYS Incident Report form.
- c. Send a copy of NYS Incident Report form to Human Resources.

4. Human Resources

- a. Forward a copy of all Employee Work Related Injury/Illness Reports electronically to Environmental Health and Safety.
- b. Maintain injury/illness records as required by the New York State Department of Labor.
- c. Provide the Environmental Health and Safety Department with the annual summary of injuries/illnesses by the end of January the following year so that it can be posted for the required time frame of February – April.
- d. Assist in completing regulatory surveys involving injuries and illnesses.
- e. Reviewing all return to work documentation.
- f. Work in conjunction with the employee's supervisor to coordinate the return to work.

5. Employees

- a. Report all work related injuries and illnesses to their Supervisors as soon as possible.
- b. Complete an Employee Work Related Injury/Illness Report.
- c. For injuries and illnesses that require medical attention University Police will be contacted.
- d. For injuries that involve medical attention notify the NYS Accident Reporting System (ARS) at 1-888-800- 0029 (In the event the employee is unable to make the notification the employees Supervisor or Designee can make the notification for them).
- e. Record the ARS intake number for their records of the injury/illness.
- f. Provide medical documentation to Human Resources for days away from work due to a work related injury or illness.
- g. Provide medical documentation and receive clearance from Human Resources Department prior to returning to work.
- h. Report unsafe conditions and/or Near Miss Incidents to Environmental Health and Safety.
- i. Employees should contact the Human Resources Department for specifics regarding workers' compensation benefits.

VII. Procedures/Implementation

To ensure the successful implementation of this program the following will apply:

- 1.** Employees will report all work related injuries and illnesses to their supervisor.
- 2.** Supervisors will review and sign the completed Employee Work Related Injury/Illness Report and forward it to the Human Resources Department.
- 3.** All Work Related Injuries/Illnesses that require medical attention will be reported to University Police and an Incident Report will be generated and forwarded to Human Resources.
- 4.** All Work Related Injuries/Illnesses that require medical attention will be reported to the NYS Accident Reporting System by the employee or their designee.

5. Human Resources will forward electronic copies of the injury reports to the Environmental Health and Safety Department.
6. Environmental Health and Safety will review/analyze all Work Related Injuries/Illnesses and Near Miss Reports.
7. Human Resources will maintain records as required under DOSH 900, and the summary log will be provided to the Environmental Health and Safety Department for posting requirements.
8. Employees are encouraged to report near miss incidents through the use of the Near Miss Policy in Appendix C.

VIII. Training

Training will be provided to ensure that the purpose and function of this procedure is understood by employees. EHS will provide training for Facilities and Maintenance Staff while Departments/Lab Instructors will be responsible for training of staff/students under their supervision.

IX. Record Keeping

SUNY Oswego is subject to inspection from the NYS Public Employee Safety and Health Bureau (PESH), whom may ask to see documentation and records associated with this program. Such records will be maintained as follows:

1. Human Resources

- a. Maintain records of all work related injuries/illnesses.
- b. Maintain DOSH 900 reporting requirements.
- c. Maintain Medical Documentation on Employees ability to return to work.

2. Environmental Health and Safety (EHS)

- a. Documentation of Training for Facilities and Maintenance Staff on this policy.
- b. Documentation of the locations of areas where the DOSH 900 Summary is posted for the months of February, March and April.
- c. A copy of all work related injuries/illness forwarded from Human Resources.
- d. Recording all work related injuries/illnesses reported in EHS Compliance Suite, which will be used for accident prevention efforts.

3. University Police

- a. Maintain records of all work related injuries/illnesses that required their response.

4. Employees

- a. Record the ARS Intake number provided to them for the injury/illness reported.
- b. Although it is not required employees are encouraged to keep their own records of work related injuries/illnesses they have reported.

X. References/Definitions

The following References were used to create this document:

1. 12 NYCRR Part 801 Recording and Reporting Public Employees' Injuries and Illnesses (Statutory authority: Labor Law §27-a) - Appendix A
2. New York State Department of Labor Division of Safety and Health – SH 901 Instructions for Recording and Reporting Public Employee's Occupational Injuries and Illnesses (as referenced by 12NYCRR Part 801) – Appendix B
3. Injury reporting procedures from other SUNY Campuses:
 - a. SUNY ESF
 - b. SUNY Cortland

XI. Appendices

The following is a list of appendices for the program:

1. 12 NYCRR Part 801 Recording and Reporting Public Employees' Injuries and Illnesses (Statutory authority: Labor Law §27-a)- Appendix A
2. New York State Department of Labor Division of Safety and Health – SH 901 Instructions for Recording and Reporting Public Employee's Occupational Injuries and Illnesses (as referenced by 12NYCRR Part 801) – Appendix B
3. SUNY Oswego Near Miss Policy and Procedures - Appendix C
4. Forms Used For This Program – Appendix D
 - a) Employee Work Related Injury/Illness Report
 - b) NYS Incident Report
 - c) Near Miss Report

Appendix A

12 NYCRR Part 801 Recording and Reporting
Public Employees' Injuries and Illnesses
(Statutory authority: Labor Law §27-a)

A hard copy is available upon request

<http://www.labor.state.ny.us/workerprotection/safetyhealth/PDFs/PESH/Part801.pdf>

Appendix B

**New York State Department of Labor Division
of Safety and Health**

SH 901

**Instructions for Recording and Reporting Public
Employee's Occupational Injuries and Illnesses
(as referenced by 12NYCRR Part 801)**

A hard copy is available upon request

<https://www.labor.state.ny.us/workerprotection/safetyhealth/PDFs/PESH/901Instruction.pdf>

Appendix C

SUNY Oswego Near Miss Policy and Procedures

SUNY OSWEGO

NEAR MISS POLICY AND PROCEDURES

Definition:

A near miss (or close call) is defined as an unintentional, unsafe occurrence that could have resulted in an injury, property damage or fatality. Only a fortunate break in the chain of events prevented an injury, property damage or fatality. Situations that qualify as near misses are essentially in the eyes of the reporter. If a reporter is involved in or witnesses an event and believes it is a near miss, then a report should be filed.

Objective:

The Near Miss Program is established to identify and correct potentially hazardous conditions in the work place. The intent of this program is to prevent accidents from occurring and is not to place blame or to use for disciplinary action.

Procedures:

In the event of an Emergency Condition contact Facility Services at 312-3200 or 312-3117 after 4:00 PM.

If an Emergency Medical Condition exists contact University Police at 312-5555.

Employees

Employee will report incidents or concerns by completing a Near Miss Report.

Employee will submit this form to either their Supervisor or to Environmental Health and Safety. This form can be filled out and submitted electronically to EHS. To submit it to your Supervisor it will need to be printed.

Employee will take corrective action if the problem can be easily fixed (i.e. move an electrical cord that may cause a trip).

If an employee would like to know the actions/response taken by EHS they will need to provide information on how they would like to be contacted. If they do not want to be contacted with a response they do not have to include their name on the Near Miss Report.

Supervisors

Will notify the appropriate department(s) to ensure action is taken if an emergency situation exists.

Supervisors will take corrective actions if possible, including initiating work orders. Any corrective action taken by the supervisor will be noted on the report.

Supervisors will forward any reports they receive to EHS as soon as possible. This applies even if the hazard has been eliminated.

EH&S Department

Consult supervisors and employees on corrective actions.

Will review the Near Miss Reports, maintain a log, perform an analysis and complete a year-end report of how well the program is working.

Appendix D

Forms Used For This Program

- a) Employee Work Related Injury/Illness Report**
- b) NYS Incident Report – Used By University Police**
- c) Near Miss Report**

SUNY Oswego Employee Work Related Injury & Illness Report

*Supervisors must complete this report when an employee sustains a work-related injury or illness. Please **return the completed form to Human Resources** as soon as possible*

Employee Name		Employee ID Number		DOB		Home Phone	
Home Street Address							
City, State, Zip				Occupation/Job Title			
Department Name				Supervisor Name		Supervisor Phone	
Date of Incident		Time of Incident		Time Began Work		Time Stopped Work	
Location of Incident (Building Name, Room Number, City, State, Zip)						On SUNY Oswego Property?	
How did the incident occur? Describe the activity and any tools, equipment, or material used.							
List the body part(s) injured and type of injury:							
How do you think this type of incident can be prevented?							
Witnesses? __Yes __No		If Yes, Witness #1 (Name & Phone)			Witness #2 (Name & Phone)		
Is this a new injury? __Yes __No		If No, please describe the original injury:				Date of Original Injury	
Did you receive treatment? __Yes __No							
If Yes then notify the NYS Accident Reporting System (NYS ARS) for the employee if they are not able to do so themselves the NYS ARS toll free number is 1-888-800-0029 .							
__Treatment will be provided or sought							
__declined treatment at the time							
__Reporting only(no treatment needed- proceed to signature section)							
If you received treatment, who provided it?							
Provider Name, Address, and Phone (if name not above)							
Did the employee return to work the same day or following day (excluding pass day)? __Yes __No				Did the employee provide documentation to return to work? __Yes __No			
Supervisor's Signature:						Date:	
Employee's Signature:						Date:	

Date Completed Report Received by Human Resources _____

1. Agency STATE UNIVERSITY POLICE-OSWEGO	2. Div/Precinct LOT5	New York State INCIDENT REPORT		3. ORI NY0370400	5. Case No. 14M400728	6. Incident No. 77431
7,8,9. Date Reported (Day, Date, Time) SATURDAY 02/08/2014 12:13		10,11,12. Occurred On/From (Day, Date, Time) SATURDAY 02/08/2014 12:13		13,14,15. Occurred To (Day, Date, Time)		
16. Incident Type INJURY (INJURY)-INJURY			17. Business Name OSWEGO STATE UNIVERSITY			
19. Incident Address (Street Name, Bldg. No., Apt. No.) LOT 5			COPY			
20. City/State/Zip OSWEGO NEW YORK 13126						
21. Location Code (TSLED) OSWEGO CITY 3802		23. No. of Victims 0	24. No. of Suspects 0	26. Victim also Complainant? No		
Location Type PARKING LOT						

ASSOCIATED PERSONS



25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt. No., City, State, Zip	Res Phone Bus Phone
PERSON REPORTING			1	

COPY

NARRATIVE

Date of Action	Date Written	Officer Name & Rank
02/08/2014	02/08/2014	
Narrative		
Date of Action	Date Written	Officer Name & Rank
02/10/2014	02/10/2014	BLOTTER, DAILY (BLOTTER)
Narrative		

ADMINISTRATIVE

74. Inquiries	75. NYSPIN Message No.		76. Complainant Signature	
77. Reporting Officer Signature (Include Rank)		78. ID No.	79. Supervisor Signature (Include Rank)	80. ID
 POLICE OFF KELLY THOMPSON		8KT	 LIEUTENANT DAVID MILLER	20DM
81. Status PENDING INVESTIGATION		82. Status Date 02/08/2014	83. Notified/TOT	

SUNY Oswego/Environmental Health & Safety/Near Miss Report

Log # _____

Definition: A near miss (or close call) is defined as an unintentional, unsafe occurrence that could have resulted in an injury, property damage, or fatality. Only a fortunate break in the chain of events prevented an injury, property damage, or fatality. Situations that qualify as near misses are essentially in the eyes of the reporter. If a reporter is involved in or witnesses an event and believes it is a near miss, then a report should be filed.

This form is not to be used to report an accident or injury.

Date and Time of Near Miss

Near Miss Location:

Date: _____ Time: _____ AM or PM

Near Miss Description:

Did you notify anyone of the Near Miss? If so, who?

Corrective Actions (What should be done or has been done to prevent recurrence of this incident? For example: employee training, change of procedures, purchasing of equipment, etc.)

If additional action or further investigation is needed would you like to be contacted with the results? If so, provide contact information:

Supervisor Comments/Actions:

EHS Comments/Actions:

Work Orders Issued:

Date Received:

Date Completed:

