

CHAPTER 7 - INJURY/INCIDENT REPORTING AND INVESTIGATION

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CHAPTER 7 - INJURY/INCIDENT REPORTING AND INVESTIGATION

A. INTRODUCTION

1. Understanding the causes and circumstances involved in adverse incidents is essential in making changes to prevent future occurrences. It is paramount that all incidents, as defined below, are reported and investigated in order to understand how and why incidents occur, identify root causes, and develop countermeasures to prevent future occurrences.
2. When injuries occur, access to prompt medical attention and effective case management is crucial to limiting the number of days lost and insuring the employee receives timely medical treatment and returns as soon as possible to healthy and productive employment. The Office of Safety, Health and Environmental Management (OSHEM)'s Occupational Health Services Division is a valuable SI resource to accomplish this.

B. DEFINITIONS

1. Employee - Per [Chapter 1, "Overview"](#), of this *Manual*, all SI staff, volunteers, interns, and other individuals working in SI-owned, leased, or operated facilities. This includes, but is not limited to, persons with Emeritus status, research associates and visiting scholars, students and other academic appointees, and other federal employees working under an inter-agency agreement with the SI.
2. Incident - an unintentional event or series of events that cause occupational injury or illness to SI employees; or actions by SI employees that cause environmental damage; or an event that causes damage to SI-owned or leased property. *Note: The term "accident" will often be used interchangeably with "incident."*
3. Near miss - an incident, as defined above, that could have but actually did not cause injury, illness, property, or environmental damage either by chance or through timely intervention.
4. Occupational Injury - any wound or damage to the body caused by the work environment.
5. Occupational Illness - damage to the body caused by work exposure to chemicals that cause skin diseases or disorders, respiratory conditions or poisoning; or stressors that cause hearing loss (noise), heat or cold related

injury, cumulative trauma or other occupational illnesses that extend or manifest themselves over longer periods of time.

6. Reportable Incident - all incidents or near misses; they shall be reported to supervisors and Safety Coordinators and investigated.
7. Recordable Incident - an injury or illness meeting the general OSHA and SI criteria, for recordable, i.e., results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness, are also considered recordable.
8. Medical Treatment - means the management and care of a patient to combat disease or disorder. Medical treatment does not include:
 - a. Visits to a physician or other licensed health care professional solely for observation or counseling;
 - b. The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or "first aid".
9. First Aid - means the following:
 - a. Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
 - b. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
 - c. Cleaning, flushing, or soaking wounds on the surface of the skin;
 - d. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
 - e. Using hot or cold therapy;

- f. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
 - g. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
 - h. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
 - i. Using eye patches;
 - j. Removing foreign bodies from the eye using only irrigation or a cotton swab;
 - k. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means;
 - l. Using finger guards;
 - m. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
 - o. Drinking fluids for relief of heat stress.
10. Work-related Injury or Illness - OSHA has defined work-related activities in [29 CFR 1904.5](#). Whenever there is a question concerning whether an injury or illness is or is not work-related, refer to the benefits specialist with the SI Office of Human Resources (OHR) or OSHEM safety specialists for assistance.
11. "Significant" Diagnosed Injury or Illness - Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum diagnosed by a physician or licensed health care professional.

C. CHAPTER-SPECIFIC ROLES AND RESPONSIBILITIES

1. Directors shall:
 - a. Establish procedures to investigate incidents, near miss events, and suspected hazards; document their findings; and follow up to ensure recommendations have been implemented by organizational staff.
 - b. Establish reporting procedures for incidents and ensure that all incidents are promptly and thoroughly reported per the requirements of this Chapter.
 - c. Ensure incident scene safety and security per the requirements of this Chapter.
2. Safety Coordinators shall:
 - a. Investigate all incidents and near misses occurring in or around their facilities to determine root causes, and recommend and ensure implementation of countermeasures to prevent future occurrences.
 - b. Sign SI 2120 after ensuring it is thorough and accurate, and deliver it to OSHEM within 6 working days of the incident. (See Figure 7-1 for notification requirements for catastrophic or serious incidents.)
 - c. Maintain the facility's OSHA 300 Log as described in this Chapter.
3. Supervisors shall:
 - a. Immediately notify the facility or organizational Safety Coordinator whenever an employee suffers an occupational injury or illness.
 - b. Complete an [Incident Report SI-2120](#) within one working day of the injury and forward signed copy to Safety Coordinator within 3 working days.
 - c. Track all near misses, injuries and reported suspected hazards to ensure countermeasures are developed and implemented to prevent recurrence per the requirements of this Chapter.
4. Employees shall:
 - a. Immediately notify their supervisor whenever they suffer an occupational injury or illness.
 - b. Immediately notify their supervisor of a near miss or other suspected workplace hazards.

5. Office of Safety, Health and Environmental Management (OSHEM) Staff shall investigate incidents at the discretion of the OSHEM director.
6. Office of Protection Services (OPS) personnel, generally the first responders when incidents occur, shall:
 - a. Immediately notify the facility or organizational Safety Coordinator, if possible.
 - b. Assist with notification, investigation and scene safety and security per the requirements of this Chapter.
 - c. Will remind injured or ill visitors or employees (non-emergencies) of the option to visit the closest SI Occupational Health Services facility

D. INCIDENT CATEGORIES, NOTIFICATION, INVESTIGATION AND REPORTING PROCEDURES

1. Incidents based on Severity

The following Table, Figure 7-1, provides the definitions of incidents based on the severity of injury or property damage, the notification procedures and requirements and defines who investigates the incident.

CATEGORY AND DEFINITION	WHO INVESTIGATES	NOTIFICATION REQUIREMENTS
<p><i>Catastrophic</i></p> <hr/> <p>Fatality, permanent total disability, hospitalization of 3 or more personnel for the same incident, a hazardous materials or radiological incident that causes mortal injury or irreparable environmental damage, or property damage greater than \$100,000.</p>	<p>Investigation conducted by OSHEM staff in conjunction with Safety Coordinator, or a Board of Inquiry called by the Secretary, Under Secretary, or DASHO</p>	<p>The first person with knowledge of the catastrophic incident will report immediately to the OPS or the Facility Security Office and, if appropriate, directly to 911. Also report as soon as possible but no later than 2 hours to the facility/ organization director, Safety Coordinator, and Director, OSHEM. OSHEM will report a fatality or 3-person hospitalization to OSHA within 8 hours.</p>
<p><i>Serious</i></p> <hr/> <p>Any hospitalization, injury or illness of 2 or more personnel from the same incident, permanent partial disability, a hazardous materials incident causing reparable but long term damage to the environment, a</p>	<p>Investigation conducted by Safety Coordinator, and at the discretion of Director, OSHEM, by OSHEM staff</p>	<p>The first person with knowledge of the serious incident will report immediately to the OPS and directly to 911 if appropriate. Also report as soon as possible but no later than 24 hours to the facility/ organization director and Safety Coordinator. Safety Coordinator will report the incident as quickly as possible</p>

radiological event causing non-compliance, any fire and property damage greater than \$25,000.		to OSHM, but at least within 48 hours of the incident.
<i>Recordable but not meeting the serious or catastrophic criteria</i> Occupational injury or illness causing a lost workday other than the day of the incident, restricted work activity or job transfer, unconsciousness, medical treatment, significant injury or illness that does not result in lost time or restricted work activity. Property damage over \$1,000.	Investigation conducted by Safety Coordinator	Supervisor of the injured employee will report immediately to the facility Safety Coordinator (SC) who will investigate. The supervisor will complete an SI Form 2120 and forward to SC within 3 days. The SC will sign and forward original to OSHM within 6 days of the incident.
<i>Reportable but not recordable</i> Occupational injuries/illnesses not resulting in a lost workday other than the day of the mishap (first aid, treated and released), property damage <\$1,000, hazardous materials release under reportable quantities, or near misses.	Investigation conducted by Safety Coordinator	Employees and supervisors will report all suspected hazards, near misses and non-recordable occupational injuries and illnesses to their supervisor and the facility/organization Safety Coordinator.

2. Other Types of Incidents

- a. Vehicle Accidents- When an accident occurs involving an SI motor vehicle, the operator shall complete form SI-3712, "Smithsonian Vehicle Accident Report Form" following the instructions on the form. The supervisor shall review and sign the form and ensure that it is routed in accordance with instructions and any local procedures.
 - (1) When an employee has been injured as the result of a vehicle accident, a form SI-2120 must be submitted by the employee's supervisor.
 - (2) In compliance with SD 218, drug and alcohol testing results for commercial drivers will accompany all accident reports involving SI CDL operators.
- b. Fire
 - (1) Safety Coordinator and Office of Protection Services shall conduct local investigation.

(2) OSHEM, at the discretion of the OSHEM Director, shall conduct local investigation.

c. Hazardous Material Release

(1) The Safety Coordinator and/or Hazardous Waste Coordinator will investigate hazardous material releases.

(2) The Safety Coordinator and/or Hazardous Waste Coordinator will notify OSHEM when a hazardous material release exceeds reportable quantity as defined in [40 CFR 302](#).

(3) In cases of asbestos fiber releases the Safety Coordinator, Building Manager and OSHEM will respond to assess degree of asbestos fiber release and contamination and subsequent plans of action and decontamination procedures. The response actions of the respective facility Asbestos Management Plan will be followed per [Chapter 22, "Asbestos"](#), of this *Manual*. (May include monitoring oversight, assisting in determining HVAC system shutdowns, and assisting Office of Protective Services in determining specific areas to be secured.)

d. Near Misses- Supervisors and Safety Coordinators will conduct local Investigation.

e. Visitor Injury / Illness

(1) OPS shall conduct local investigations and complete and forward incident reports to OSHEM within two working days.

(2) OSHEM, at the discretion of the OSHEM Director, will investigate visitor accidents.

(3) Safety Coordinator has primary responsibility to investigate visitor accidents to determine whether controls are needed to prevent future similar incidents.

(4) For Smithsonian facilities, where OPS does not provide services, the building/facility Safety Coordinator, if assigned, or the Director shall notify the Director, OSHEM of all visitor accidents.

f. Contractor Accident / Injury. The Contracting Officer's Technical Representative (COTR) shall ensure contractors submit a written report for all incidents involving property damage or employee (including contractor employees) injuries to the Director, Office of Contracting, and

provide a copy of the report to the Director, OSHM, within 48 hours of the incident.

3. Incident Investigation

- a. An incident investigation is a systematic and thorough procedure employed to ascertain the facts about an event. It is often informal, but can be formal and official. It may include the collection and retention of evidence, photographing and/or mapping of the incident scene, interviewing victims and witnesses and composing incident reports. The greater the severity of the incident, the higher the visibility it receives, even possibly public or media attention. This requires careful attention to detail, professional, trained, and experienced investigators and daily or more frequent updates to facility and organization directors who may need to respond to the public. Therefore, immediate notification of the appropriate staff listed below and in Figure 7-1 is vital.
- b. First responders shall ensure an injured person is afforded prompt medical attention. Only personnel trained in first aid will provide first aid. If possible for non-life threatening injuries or illnesses, taking the injured employee or visitor to the nearest SI Occupational Health Services Office should be considered if the employee or visitor agrees. The employee shall receive medical attention from licensed health-care professionals who will facilitate case management for prompt, qualified medical treatment, if other off-site medical care is needed, and assist with the adjudication of workers compensation benefits and return-to-work arrangements that will accommodate any restricted work activity.
- c. Incident Scene Safety- Appropriate measures shall be taken to render the area safe where the incident occurred prior to the start of any incident investigation.
- d. Incident Scene Security- For all Serious and Catastrophic Incidents, the area where the incident occurred shall be secured to prevent intrusion or disruption by any member of the workforce or any member of the public until proper actions, investigations, and documentation have taken place.
- e. Based on the type and severity of the incident, the following list describes personnel who, when requested by the facility/organization director, will provide assistance with or actually conduct the incident investigation:
 - (1) Safety Coordinator- occupational injuries/illnesses, near misses, suspected hazards, selected visitor incidents/injuries, fires. Forward copies of reports to OSHM.

- (2) Hazardous Waste Coordinator- hazardous material releases. Coordination with OSHEM required when release is above reportable quantities per [40 CFR 302](#) or the facility's local spill response plan.
- (3) Supervisor – most occupational injuries/illnesses, suspected hazards, near misses.
- (4) Radiation Safety Coordinator and OSHEM Radiation Safety for radiological incidents.
- (5) Building Manager- most occupational injuries, suspected hazards, in particular those associated with utility-related events. For Smithsonian facilities where OPS does not provide services, the Director shall notify the Director, OSHEM of all visitor accidents by phone or email notice within 1 working day of the incident or sooner.
- (6) Office of Protection Services- provides assistance with securing an incident scene for investigation; responds to and investigates visitor injuries/illnesses and forwards copies of reports to OSHEM.
- (7) The Contracting Officer's Technical Representative (COTR) shall assure that contractors submit a written report for all incidents involving property damage or employee injuries to the Director, Office of Contracting. The COTR shall provide a copy of the report to the Director, OSHEM, within 48 hours of the incident.
- (8) OSHEM Staff- For fires, hazardous materials release in excess of reportable quantities, in cases of asbestos fiber releases OSHEM will respond to assess degree of asbestos fiber release and contamination and subsequent plans for action and decontamination procedures. (May include monitoring oversight, assisting in determining HVAC system shutdowns, and assisting the Office of Protection Services in determining specific areas to be secured) and any incident at the discretion of the OSHEM Director.

4. Incident Reporting

- a. All incidents, regardless of the severity, including visitor and contractor incidents, hazardous materials releases and near misses, must be documented at some level. Several reporting options are available to accommodate lengthy investigations, types of incidents, and the severity of an incident. Generally, the Form SI-2120 will suffice for most incidents involving injury or illness. However, when reporting deadlines cannot be met due to missing information, then preliminary and progress reports as described below are necessary. For incidents other than injury or illness, follow the guidelines of the incident report (other than staff injury). To the

maximum extent possible, facility/organization directors and supervisors shall assure that remedial actions are implemented to prevent incidents from recurring. OSHEM is available to assist in developing remedial measures.

- b. Form SI-2120, "Occupational Injury and Illness Report"- Upon notification of any reported occupational injury/illness, the supervisor shall complete a form SI-2120 using the Automated Incident Reporting System (AIRS). Instructions to use the AIRS System are on the web site. The facility or organization Safety Coordinator will review the form for accuracy and completeness, sign the form, and forward to OSHEM within 6 working days of the date of injury. If all fields cannot be completed, for example, number of days lost is not known, the report should still be completed to the furthest extent possible and the signed original forwarded through the Safety Coordinator to OSHEM within the prescribed deadline. It is incumbent upon the supervisor to provide any relevant updates to OSHEM through the facility/ organization Safety Coordinator in a timely manner.
- c. Incident Report (Other than Staff Injury)
 - (1) An Incident Report shall be completed within 15 days of the incident and reported through the Safety Coordinator to OSHEM. If the circumstances of the incident prevent the completion of this report within 15 days of the incident, then preliminary and progress reports, as described below, shall be completed.
 - (2) The Incident Report shall include, at a minimum, the following:
 - (a) Background Information
 - i. Where and when the incident occurred
 - ii. Who and what were involved
 - iii. Operating personnel and other witnesses
 - (b) Account of the Incident
 - i. Sequence of events
 - ii. Extent of damage
 - iii. Accident Type
 - iv. Agent or source (of energy or hazardous material)

- (c) Analysis of the Incident
 - i. Direct Cause(s)
 - ii. Indirect Cause(s)
 - (d) Conclusions and Recommendations
 - (e) Abatement items for immediate and long-range actions.
- d. Preliminary Incident Report (Other than Staff Injury)
- (1) A preliminary incident report shall be issued for incident investigations that have the potential to last longer than 15 calendar days.
 - (2) A copy of the preliminary incident report shall be forwarded to the Director, OSHEM.
 - (3) At a minimum the preliminary incident report shall identify the following information and details:
 - (a) Description of the incident
 - (b) Initial findings of the investigator
 - (c) Outstanding issues and tasks of the investigation
 - (d) If applicable, current status of any injured persons
 - (e) What interim measures are being taken to prevent a recurrence.
- e. Progress Reports (Other than Staff Injury)
- (1) For investigations that have the potential to last longer than 15 days, investigation progress reports shall be issued on the investigation.
 - (2) At a minimum progress reports will provide the following information and details:
 - (a) Pending issues and tasks of the investigation
 - (b) If applicable, current status of any injured persons.
 - (3) Progress reports shall be issued every 15-calendar days until the completion of the investigation.

5. OSHA 300 Logging Requirements

- a. Each facility director shall direct his/her appointed Safety Coordinator to record every injury/illness reported on the SI 2120, for every employee who works in the facility, on the establishment (facility) OSHA 300 log within 7 calendar days of receipt.
 - b. Each facility Safety Coordinator will establish procedures to ensure that injuries to any employee who normally reports to work at their facility are included on the facility OSHA 300 log. Employees who perform work in various SI facilities or other locations shall have any injuries recorded on the facility log where they normally report to receive work assignments. If there is no physical location where an injured employee normally reports, injuries will be logged at the facility where the supervisor of the employee works. Injuries to employees on official travel will be recorded on the log where they normally work.
 - c. A "facility" may be a single building (NMAH, Postal Museum, Capital Gallery) or a campus (SERC, NZP- Rock Creek or CRC, P.E. Garber Facility). The list of facilities required to maintain an OSHA 300 log is located at the OSHEM website under the OSHA 300 log tab.
 - d. The OSHA 300 log will be completed on a calendar year basis. Specific instructions for entering information on the log are included at the OSHEM website.
 - e. By the 5th of each month, the Safety Coordinator shall email a copy of his/her OSHA 300 log to OSHEM for preparation of the Deputy Secretary's metrics.
 - f. At the end of each calendar year, all data is to be reviewed for accuracy and completeness, and corrected as necessary.
6. OSHA Report Summary. On or before February 1, each year, each facility director shall sign and post an OSHA 300A report summary in an area frequented by staff and keep the posting in place until April 30th. The Facility Director, upon signing the report, certifies that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete. This report summarizes the occupational injuries and illnesses occurring at the facility in the previous calendar year. The format for the summary is included in the spreadsheet used for the OSHA 300 log. Instructions for completing the summary are also located in the same file.
7. Suspected Hazard/Near Miss Reporting Procedure

- a. Supervisors shall encourage all employees to report immediately suspected unsafe or unhealthful working conditions.
- b. Supervisors shall promptly investigate the suspected hazard and take appropriate corrective actions.
- c. Supervisors shall contact their Safety Coordinator as necessary for assistance.
- d. Supervisors shall inform the reporting employee of all action taken to correct identified hazards.
- e. Employees may submit a report of a suspected unsafe or unhealthful working condition directly to the organizational Safety Coordinator.
- f. Employees may remain anonymous.
- g. Each report made to the Safety Coordinator shall be maintained by the Safety Coordinator and include the date, time, identifying reference number, location of condition, brief description of condition, hazard classification, and the date and nature of action taken. If the employee reports orally, the Safety Coordinator shall create a record to include the information above.
- h. The supervisor and/or Safety Coordinator shall promptly investigate all reports of alleged imminent danger situations or potentially serious situations within 24 hours or sooner.
 - (1) As necessary, the Safety Coordinator shall seek assistance from OSHM staff to assess and mitigate reported hazards.
 - (2) The supervisor and/or Safety Coordinator shall provide an interim response to the report originator, or complete response in writing to the originator of a written report within 10 working days of receipt. Interim responses shall include the expected date for the complete response.
 - (3) If the suspected hazard is valid, the complete response shall include a summary of the action taken for abatement.
 - (4) If no significant hazard is found to exist, the reply shall include the basis for the determination.
 - (5) The complete response shall encourage, but not require the originator to informally contact the Safety Committee if he or she desires additional information or is dissatisfied with the response.

Supervisors and Safety Coordinators are referred to [29 CFR 1960.28](#) for more information concerning employee reports of unsafe or unhealthful working conditions

E. TRAINING

The unit Director shall ensure that supervisors and staff are trained in the requirements of this Chapter, per [Chapter 6 “Training”](#), of this *Manual*.

F. RECORDKEEPING

All incident reports (SI 2120 and attachments for other incident reports), OSHA 300 Log and OSHA Log 300A Summary and follow up information shall be maintained at the facility or organization for a period of not less than five years.

G. REFERENCES

1. OSHA, [29 CFR 1904](#)
2. OSHA, [29 CFR 1960](#)