



DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS

Program Statement

OPI: Risk Management
Number: 2921.2C
Date: June 30, 2010
Supersedes: 2921.2B (12/15/05)
Subject: Reporting Employee
Accidents and On-the-
Job Injuries

1. **PURPOSE AND SCOPE.** To establish effective workplace injury/illness reporting and investigation by determining how and why work-related injuries/illnesses occur as well as what procedural failures occurred; if any.
2. **POLICY.** It is DOC's policy to ensure that employee accidents and on-the-job injuries are reported consistent with the DC Disability Compensation Program regulations and to ensure that employee accidents and on-the-job injuries are reported consistent with DC Office of Risk Management and Occupational Safety & Health Administration.
3. **APPLICABILITY.** This policy applies to all DOC employees, contractors, and volunteers on site of any DOC operated facility.
4. **PROGRAM OBJECTIVES.** The expected results of this program are:
 - a. Accidents involving DOC personnel, motor vehicles and property will be reported promptly and in accordance with DC government policy.
 - b. Supervisors and employees shall ensure that procedures for reporting and investigating on-the-job incidents/accidents are strictly enforced.
 - c. Managers, supervisors and employees shall ensure that DOC PS 6050.4 *MEDAT* is strictly enforced.
 - d. Supervisors and employees will be able to report significant on-the-job injury claims to the DC Disability Compensation Program in a timely manner.

- e. Occupational or work related injuries are analyzed at least annually, problems are identified and corrective actions are developed and implemented when applicable.

5. DIRECTIVES AFFECTED

a. Directives Rescinded

PS 2921.2B Reporting Employee Accidents and On-the-Job Injuries (12/15/05)

b. Directives Referenced

- 1) PS 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences
- 2) PM 1300.3 Health Information Privacy
- 3) PS 2000.2 Retention and Disposal of Department Records
- 4) PM 2830.1 Use of Government Vehicles - Fleet Management
- 5) PS 3040.1 Employee Emergency Contacts
- 6) PM 6000.1 Medical Management
- 7) PS 6050.4 Mandatory Employee Drug and Alcohol Testing Program (MEDAT)

6. AUTHORITY

- a. Federal Privacy Act, 5 U.S.C. 552a.
- b. DC Law 11-158, Department of Corrections Employee Mandatory Drug and Alcohol Testing Act of 1996 (6/19/96).
- c. DPM Chapter 31A, Records Management and Privacy of Records.
- d. DC Department of Corrections Mandatory Employee Drug and Alcohol Testing Program (MEDAT) Procedures Manual (Revised 11/15/05).
- e. D.C. Code § 24-211.02, Powers; Promulgation of Rules.

7. NOTICE OF NON-DISCRIMINATION.

- a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2.1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
- b. DOC prohibits discrimination against inmates based on an inmate's race, religion, national origin, gender, sexual orientation, disability or any other type of prohibited discrimination when making administrative decisions and in providing access to services, programs and activities.

8. **STANDARDS REFERENCED**

- a. Occupational Safety and Health Administration (OSHA) Standards.

9. **DEFINITIONS:** For the purpose of this program statement, the following definitions apply:

- a. *Occupational illness* - Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion or direct contact. These may include, but are not limited to, occupational skin diseases or disorders, dust diseases of the lungs, respiratory conditions due to toxic agents, poisoning, disorders due to physical agents (such as sunstroke, heat exhaustion, frostbite, etc.), disorders due to repeated trauma (such as noise induced hearing loss) and other occupational illnesses. If questions arise about whether to list an illness, contact the Health Services Administrator or the Risk Manager.
- b. *Occupational Injuries* - Any injury such as a cut, fracture, sprain, amputation, etc. which results from a work-related accident or from an exposure involving a single incident that occurred in the work environment. Conditions resulting from animal insect or snakebites or from one-time exposure to chemicals are considered injuries.
- c. *Accident* - Any unplanned event that results in personal injury.
- d. *First Aid* - For the purpose of injury reporting:

First aid treatments will be reported as first aid regardless of treatment site (outside provider or facility). First aid treatment includes, but is not limited to:

- Using non-prescription medications at non-prescription strength;
 - Administering tetanus immunizations;
 - Cleaning, flushing, or soaking wounds on the skin surface;
 - Using wound coverings, such as bandages, gauze pads, etc., or use of butterfly bandages.
 - Using hot or cold therapy;
 - Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
 - Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
 - Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
 - Using eye patches;
 - Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
 - Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
 - Using finger guards;
 - Using massages; and
 - Drinking fluids to relieve heat stress.
- e. Investigation. An attempt to learn the facts about a situation through a systematic, thorough gathering and analysis of information.
- f. Medium or Greater Risk Exposure. Work-related injuries/illnesses that have the potential to release hazardous energy, cause harm to another individual, and have the potential to expose another individual to a hazardous condition.
- g. Minimal Risk Exposure. Work-related injuries/illnesses that **do not** have the potential to release hazardous energy, **do not** cause harm to another

individual, and **do not** have the potential to expose another individual to a hazardous condition.

10. **EMERGENCY MEDICAL TREATMENT**

- a. When employees are injured or ill within the CDF, emergency treatment shall be handled in accordance with the guidelines set forth in PM 6000.1 *Medical Management*. Generally this means the health care provider shall:
 - 1) Provide emergency care or first aid.
 - 2) Document the emergency care or first aid that was provided.
 - 3) Contact DC Fire and Emergency Medical Services (DCFEMS) when appropriate.
- b. DCFEMS shall be notified immediately to assist employees injured or ill when on duty outside of the work site.

11. **REPORTING EMPLOYEE INJURY/ACCIDENTS/ILLNESS**

A. **EMERGENCY NOTIFICATION**

- 1) When an employee is seriously injured/ill, the supervisor shall notify the individual that the employee has designated for this purpose in accordance with PS 3040.1 *Employee Emergency Contacts*.
- 2) All designees conducting injury/illness reports and investigations shall submit a hard copy and electronic copy via email to the Warden and DOC Risk Manager for review.

B. **INITIAL ACCIDENT REPORTING**

- a. Employees are responsible for immediately reporting verbally and in writing all work-related injuries/illnesses to their immediate supervisor.

C. **INITIAL NOTIFICATIONS**

- 1) Upon notification of a work-related injury/illness, the Supervisor or Designee receiving the report will evaluate the information received to ensure that the injury/illness is work-related in accordance with the Employee Injury/Illness Determination (Attachment AA).
- 2) If the employee is unable to report the injury, a co-worker or witness to the injury/incident or accident shall make the report.

- 3) Once an injury/illness has been determined work-related, it must be reported to Office of Risk Management Disability Compensation Program (DC DCP) within twenty-four (24) hours of receiving the initial notification.

- Hotline number 1-888-832-2524

NOTE: If a work-related illness is reported, the cause must be determined using section D(3.) of this Program Statement prior to notifying The Office of Risk Management Disability Compensation Program (DC DCP).

- 3) The employee's supervisor shall report significant on-the-job injuries consistent with the requirements of PS 1280.2 *Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences*.
- 4) An employee experiencing significant illness while on the job shall contact their supervisor to obtain immediate first response medical treatment.

D. INJURY/ILLNESS CATEGORIES

All work-related injuries/illnesses will be categorized as follows to determine reporting requirements:

- 1) Class A Injury. Work-related injuries that include first aid, minimal risk exposure, and/or minimal property damage will be considered Class A injuries.
- 2) Class B Injury. Work-related injuries that include treatment in excess of first aid, medium or greater risk exposure, and/or property damage will be considered Class B injuries.
- 3) Work-Related Illness. Work-Related Illness that is determined by an external health care provider and internal or independent investigator using prevalence, incidence, and working days lost.

E. REPORTING STRUCTURE

- 1) Class A Injury. The reporting structure for these types of accidents will be in accordance with 2921.2BB Class A Reporting (Attachment).
- 2) Class B Injury. The reporting structure for these types of accidents will be in accordance with Class B Reporting (Attachment CC).

NOTE: Reporting for work-related injuries will vary depending on the number of employees (three [3] or more) and/or incident of death.

- 3) Work-Related Illness. The reporting structure for work-related illnesses will be in accordance with Illness Reporting (Attachment DD).

NOTE: Reporting for work-related illnesses will vary due to the number of employees (more than one) and whether the work-related illness has been isolated.

F. VEHICLE ACCIDENTS

- 1) An employee shall report all details of a vehicle accident to their immediate supervisor and the Fleet Certifying Official (CFO) in accordance with the guidelines set forth by PM 2830.1, *Use of Government Vehicles - Fleet Management* when using a government owned or leased vehicle, or using their private vehicle to conduct official government business.
- 2) The Fleet Certifying Official (FCO) shall handle vehicle accidents in accordance with PM 2830.1 *Use of Government Vehicles*.
- 3) The Fleet Certifying Official (FCO) shall report personnel and non-personnel injury and DOC property damage caused by vehicle accidents consistent with PS 1280.2 *Reporting and Notification Procedures for Significant Incidents* and PS 2830.1 *Use of Government Vehicles*.
- 4) Post accident/incident substance abuse testing of an employee involved in an accident/incident shall be in accordance with DOC PS 6050.4 *Mandatory Employee Drug and Alcohol Testing Program (MEDAT) Procedures Manual; Part 2, Section V, Post-Accident/Incident Testing of Employees*.

G. REPORTING

In the event a work-related injury/illness will require an investigation as outlined in the attachment 2921.2CC or attachment 2921.2DD, the Risk Manager or other authorized investigator as designated in G.2.a.ii. shall be notified to conduct the reporting and investigation process.

- 1) Internal. Internal reporting involves documenting employee work-related injuries/illnesses internally and independently for review, tracking, and evaluation of processes or procedures to ascertain if program revisions are necessary.
- 2) External. In addition to internal reporting, external reporting may also be necessary depending on the severity of the accident.

- a. OSHA
 - i. Each Agency is required to maintain OSHA-regulated documentation (i.e. OSHA 300 Log and Sharps Injury Log) for work-related Class B injuries/illnesses.
 - ii. In the event three (3) or more people are injured in the same incident and require admission to the hospital, the Risk Manager, must be notified. The Risk Manager is responsible for notifying OSHA within eight (8) hours of notice of the accident.

H. INVESTIGATIONS

Investigations are only required for work-related Class B injuries/illnesses, with the exception of isolated incidents of work-related illnesses.

- 1) Purpose. Formal investigations are conducted for work-related injuries/illnesses to determine not only the immediate cause(s), but any underlying causes and inadequacies in the safety management system. DOC will educate the facility, its employees, and in some cases the general public, on how to prevent the same or like accidents from occurring in the future; investigations are not intended to place blame.
- 2) Authorized Investigators
 - a. Internal
 - i. The Agency Risk Manager is primarily responsible for conducting investigations regarding work-related accidents/injuries.
 - ii. In the event of a conflict of interest or absence of the Risk Manager, the Warden/Administrator will designate an employee of MSS level or higher authority to conduct the investigation.
 - b. External
 - i. Work-related injuries/illnesses may also be subject to local, state, or federal investigations. The facility will collaborate with authorized external investigators and provide unimpeded access.

- 3) Accident Scene. The first priority at the scene of an accident is to ensure that the area is safe to enter and that the injured employee receives appropriate care for any injuries received. Once the area is safe and the employee has been sent for appropriate care, the primary focus should be on the scene of the accident.
 - a. If the work-related injury/illness is categorized as a Class B injury/illness, the accident scene should be:
 - i. Immediately isolated and inspected, if possible
 - ii. Kept undisturbed, if possible
 - iii. Photographed (digital photos should create a visual scenario of the accident)
 - iv. Investigated as promptly as possible (particular attention should be made to all of the surrounding equipment and physical evidence in the vicinity that could have contributed to the accident due to failure, procedure deviance, and/or improper use)
 - b. The supervisor on the scene must obtain DOC Form 1 Incident Statement from all employees or individuals involved and witnessing the accident prior to the end of shift.

NOTE: In the event an authorized investigator is not available (i.e. after normal business hours), the Shift Supervisor will be responsible for ensuring the accident scene is inspected, photographed, and all documentation obtained. The Shift Supervisor will document the inspection on a DCDC 2 Incident Statement and forward all information to the DOC Risk Manager (or authorized investigator designated in G.2.a.ii. in the event of a conflict of interest or absence of the Risk Manager) for the official reporting and investigation process.

- 4) Interview Process. The individual conducting the investigation is responsible for ensuring that all employees involved in and witnessing the accident are interviewed. Interviews should be conducted as soon as possible following the accident and should be conducted separately and not as a group function.
- 5) Evidence Collection. The collection of evidence, when applicable, is imperative to support the cause of the accident, therefore the authorized investigator should gather evidence from as many sources as possible during the investigation process.

- a. Copies of all DOC Form (1) Incident Statements, log books, post orders, job descriptions, and/or maintenance work orders that support the cause of the accident should be obtained.
- b. Any equipment which has demonstrated failure of its intended purpose and has been found to be a direct impact to the cause of an accident should be kept in a safe location for further investigation by DOC personnel or other outside resources, if needed.
- c. Any evidence gathered in conjunction with a criminal investigation will be handled in accordance with PS 5010.3 *Contraband Control*.

6) Data Analysis

- a. The investigation is not complete until all data is analyzed. Data analysis should include, at a minimum:
 - i. A review of all DOC FORM (1) Incident Statements for legibility, grammar, dates, and signatures. While there may be inconsistencies in individual incident statements, investigators should assemble the information into a logical order to help assist in analyzing the information.
 - b. A clearly detailed investigation of work-related injuries/illnesses that concentrates on how the key aspects of accident causation are inherently inter-related with the work-related injury/illness.
 - c. In some investigations a deviance from repetitive procedures may explain a sequence of events that lead to a repetitive accident. When this is the final determination, the analysis should reflect complacency and a procedural change should be recommended.

- 7) Reports. Once a thorough investigation has been completed and all evidence has been gathered and analyzed, the 2921.2A Class B Injury/Illness Investigation Report (Attachment A) must be completed.

NOTE: The 2921.2B Class B Injury/Illness Investigation Report Continuation (Attachment B) form must also be completed when necessary.

- a. The 2921.2EE Class B Injury/Illness Investigation Report Anatomy & Nomenclature (Attachment EE) provides specific directions for completion of the 2921.2A and 2921.2B.

- b. When documenting the description of the work-related injury/illness:
 - i. Record pre-accident conditions;
 - ii. Accident sequence;
 - iii. Location of victims, witnesses, machinery, energy sources, and hazardous materials (if any);
 - iv. Post-accident conditions.
 - c. When listing supporting documentation include the individual's name and status (e.g. employee, visitor, inmate/resident, etc.).
 - d. All documents related to the accident should be attached to the 2921.2A and 2921.2B forms.
 - e. Include any recommended actions to prevent recurrence.
- 8) Review. The investigator is responsible for ensuring all completed reports and corresponding attachments are forwarded to the Warden for review and acknowledgement.
- 9) Time Guidelines. Investigation and evidence supports the result of an accident when the information is obtained as soon as possible. Every effort should be made to complete the investigation and reporting process within seven (7) calendar days. In no instance, however, should an internal investigation and reporting process extend beyond thirty (30) calendar days unless an extension has been granted by the Office of Risk Management DC DCP, DOC Risk Manager, Warden, or higher ranking official.

I. **DOCUMENTATION**

- 1). District of Columbia Office of Risk Management Disability Compensation Program (DC DCP). All work-related injuries/illnesses must be reported within twenty-four (24) hours, excluding weekends and holidays which will be entered the following business day. The Office of Risk Management Disability Compensation Program (DC DCP) will generate a claim number for each work-related injury/illness entered. All documents relating to a work-related injury/illness should indicate the generated claim number.
- 2) Internal Documents. Documents related to medical exams and/or treatment will be maintained separately in the employee's medical file and marked confidential.
 - a. Manual

- i. A “hard copy” file should be developed for each work-related injury/illness reported and include any applicable reports and/or corresponding documents (e.g. 2921.2A, 2921.2B, digital photos, DC1/2, etc.). Actual signatures are required on all “hard copy” reports.
 - ii. Access to the “hard copy” file should be limited to the Warden/Administrator, Manager, Human Resources, DOC Risk Manager, Fire & Safety Specialist, and authorized investigator designated in G.2.a.ii.
- b. Electronic
 - i. In addition to “hard copy” files, anytime an investigation is completed the 2921.2A, 2921.2B, and digital photos will be stored electronically.
 - ii. Access to the electronic file should be limited to the Warden/Administrator, Manager, Human Resources, DOC Risk Manager, Fire & Safety Specialist, and authorized investigator designated in G.2.a.ii.
 - iii. Electronic file establishment will be as follows:

NOTE: Access to the electronic file should be limited to the Warden or higher authority, Human Resources Manager, DOC Risk Manager and authorized investigator designated in G.2.a.ii..

- c. Individual folders will be established within the “CLASS B INJURY ILLNESS REPORTS” folder for each work-related injury/illness and will be titled with the number generated by The Office of Risk Management DC DCP.
- d. All documents within the folder (i.e. 2921.2A, DC Form 1/2, etc.) will be titled with the number generated by The Office of Risk Management DC DCP as well as an “R” to indicate that the document is a report. All documents within the electronic folder should indicate “signature on file”. When more than one (1) document is included, sequential numbers will be added to the end. For example, if The Office of Risk Management DC DCP generated number is “1234” and two (2) reports are included, they would be titled “1234R1” and “1234R2”. The 2921.2A should always start the series of numbers (i.e. 2921.2A should be titled 1234R1).

3) External Documents

- a. Documents related to medical exams and/or treatment will be maintained separately in the employee’s medical file.

- b. Copies of all other external documents will be maintained in the “hard copy” files and, if available electronically, they will be added to the electronic folder.

4) Storage

- a. A separate file will be established for each work-related injury/illness and maintained on file.
- b. All files will be marked with the number generated from The Office of Risk Management DC DCP.
- c. All files must be marked “confidential” and stored in a secure storage cabinet within the facility.

- 5) Retention. Files containing injury/illness reports and corresponding documentation will be maintained at the facility in accordance with PS 2000.2 *Retention and Disposal of Department Records*.

J. RECOMMENDATION REFERRAL

Upon conclusion of the investigation, if the authorized investigator recommends preventive measures that require a change in current program statements and/or facility practices, the recommendation must be referred to the facility Safety Committee for review.

- 1) Revisions to policies require appropriate authorization from the Warden/Administrator and DOC Program Statement Department.
- 2) Revisions to facility practices require authorization from the Warden/Administrator or higher ranking official.

K. CONFIDENTIALITY

- 1) Work-related injury/illness documents contain privileged information and must be kept confidential. With the exception of reports submitted for workers compensation claims (as requested), reports are not to be released outside of DOC without the approval of the Risk Manager or higher ranking Official implementing PM 1300.3 Health Information Privacy.
- 2) Work-related injury/illness documents should not be released to employees who have no clear need for knowledge of their contents.

- 3) Work-related injury/illness documents will be available for review by approved auditors.
- 4) DOC and its covered business associates shall disclose protected health information about employees that is authorized by and needed to comply with the DC Disability Compensation Program in accordance with PM 1300.3 *Health Information Privacy*.

12. LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

- a. The Risk Manager or designee shall, within five (5) working days following an incident, record each occupational injury or illness. Injuries and illnesses shall be reported on the Log of Employee Occupational Injuries and Illnesses.
- b. The Risk Manager or designee shall ensure that an appropriate plan is taken to correct the problem and further minimize the frequency, severity and probability for losses.
- c. The Risk Manager or designee shall maintain copies of the logs in accordance with PS 2000.2 *Retention and Disposal of Department Records*.

13. DISABILITY COMPENSATION PROGRAM

- a. After collecting information about a significant on-the-job injury or a major work related illness, the injured employee's supervisor shall contact the DC Office of Risk Management, Disability Compensation Program (DC DCP) Hotline number 1-888-832-2524 to verbally report the injury/accident.
- b. Disability Compensation forms will be mailed to the employee and the supervisor after the DC DCP has received a verbal claim.
- c. The DC DCP shall manage the injured employee's claim and medical care.
- d. The injured employee must select a physician from the Preferred Provider Organization Network (PPO) to acquire medical care.
 - 1) The employee shall call 1-800-360-1275 to obtain a physician close to his/her home address.
 - 2) **NOTE:** An employee may be responsible for the cost of treatment for choosing a physician outside of the PPO Network.

- e. DOC and its covered business associates shall disclose protected health information about employees that is authorized by and needed to comply with the DC Disability Compensation Program in accordance with PM 1300.3 *Health Information Privacy*.

14. QUALITY ASSURANCE

- a. The Risk Manager or designee shall review the log of occupational injuries and illnesses to determine patterns or potential problems. Whenever a pattern is noted, or when accidents or illnesses are occurring more frequently than expected, the Risk Manager or designee shall work with other responsible parties to resolve the problem.
- b. The Risk Manager or designee shall also develop a program to make staff aware of the program. Staff awareness can be developed in a number of ways including, but not limited to, announcements at roll call, posters, signs at hazardous sites, and/or pamphlets.


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Director

Attachments

Attachment A	Class B Investigation
Attachment AA	Injury/Illness Determination Flow Chart
Attachment B	Class B Investigation Continuation
Attachment BB	Class A Reporting Flow Chart
Attachment CC	Class B Reporting
Attachment DD	Illness Reporting
Attachment EE	Class B Injury-Illness Investigation Report Anatomy/Nomenclature