

Meet Today's Webinar Team

Moderator: Stacy Rose, CSP



Stacy is a certified professional with 16 years' experience in workplace safety. Stacy holds a bachelor's in industrial engineering and a master's in safety engineering with a specialty in ergonomics. Stacy spent four years in the field as a Texas Mutual safety services consultant. Today, she supervises our new safety services support center.

Presenter: Jeremy Hansen



Jeremy joined Texas Mutual as a Safety Services Consultant in 2012 and moved to the Safety Services Training Consultant position in 2014. Jeremy leads webinars, workshops, and training activities in support of Texas Mutual safety initiatives. Jeremy holds the Occupational Health and Safety Technologist, Associate in Risk Management, and Associate in Insurance Services designations.

Core Elements of a Safety Program Webinar Series

Title	Date
Core Elements of a Safety Program	Friday, March 6
Safety Inspections: Uncovering the Hazards that Lead to Injuries	Friday, April 3
Transforming Accidents into Improvement Opportunities	Friday, May 1
The Hierarchy of Controls: 6 Pillars of Workplace Safety	Friday, June 5
Safety Training: Speaking Your Employees' Language	Friday, July 10

Core Elements of a Safety Program

- The Core Elements
 - Management Leadership and Employee Participation
 - Hazard Identification and Assessment
 - Hazard Prevention and Control
 - Training
 - Evaluation of Program Effectiveness

Accident Investigations:

Transforming Accidents into Improvement Opportunities

Objectives

- After this session, you will understand how to:
 - Respond to a workplace accident
 - Gather information for an accident investigation
 - Analyze accidents
 - Develop corrective actions

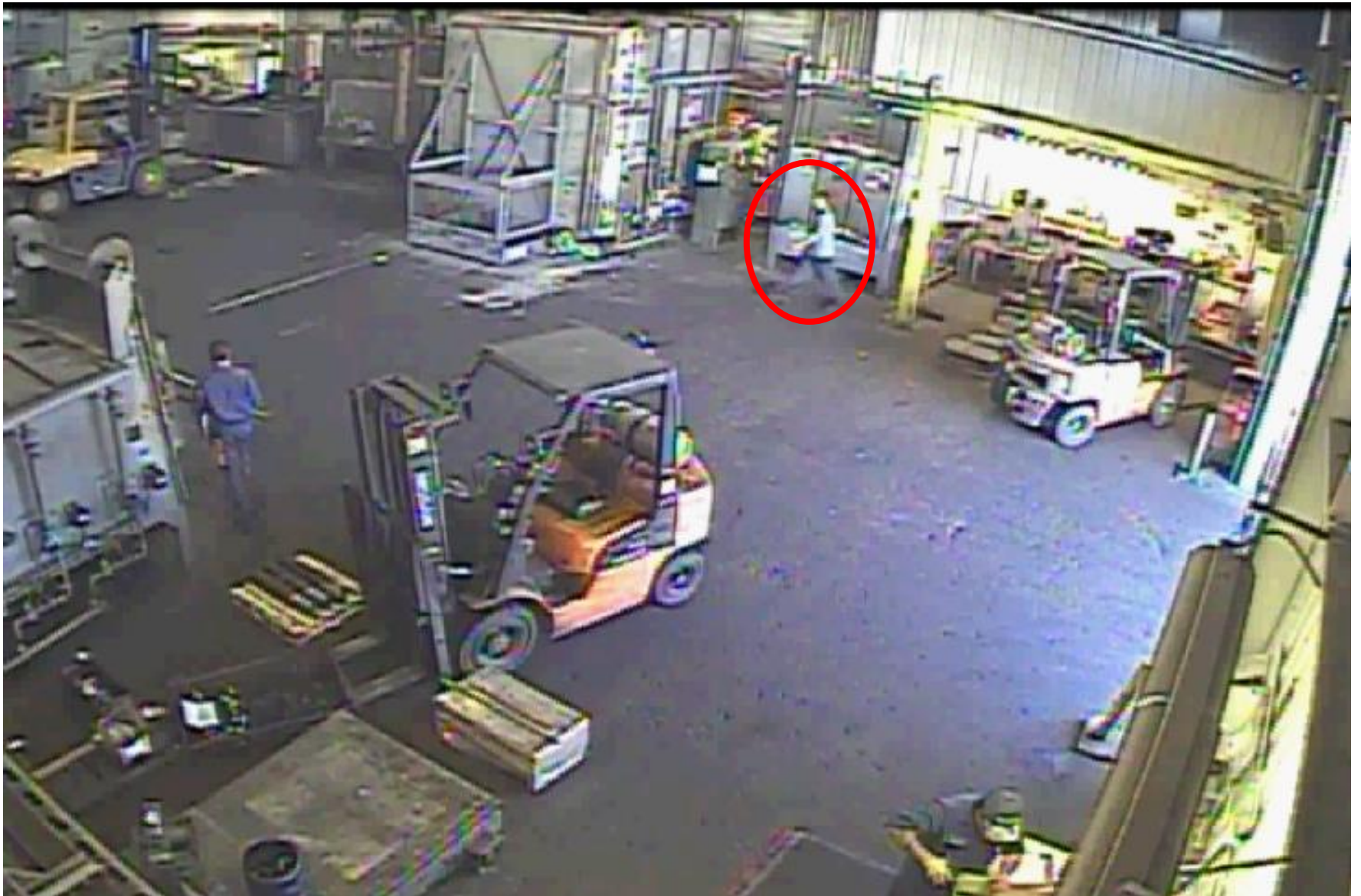
Agenda

- Purpose of an Accident Investigation
- Responding to an Accident
- Collecting Information
- Conducting Interviews
- Accident Analysis
- Implementing Corrective Actions

Example



Example



Example



Example



Example



Example



Example



Example



Purpose

- Learning and Improvement
- Gather Facts:
 - Who?
 - What?
 - Where?
 - When?
 - How?
- Refrain from placing blame on individuals

Response



Response



Response



Response



Response



Response



Response



Responding to an Accident

- Ensure that proper medical care is provided
- Prevent further injury and property damage
- Collect facts
- Collect and/or preserve evidence

Collecting Information

- Take photographs
 - Tools, equipment, floor surface
- Make Notes
 - Anything unusual or out of place
 - Employees in the accident area

Accident Scene



Accident Scene



Conducting Interviews

- Who to interview
 - Injured Employee, supervisor, witnesses, other employees
- When to interview
- Use big picture questions
- Emphasize the goal of improving the safety program

ACCIDENT INVESTIGATION FORM

- Accident investigation assists you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an Injury Disease Fatality Near-miss

TODAY'S DATE _____

DATE REPORTED _____

COMPANY _____

DEPARTMENT _____

SUPERVISOR _____

PHONE NO. _____

1. Name of Person Involved		2. Sex	3. Social Security Number	4. DOB	5. Date of Incident
6. Home Address _____ _____ Phone ()		7. Time and Day of Incident _____ a.m.; _____ p.m.; day of week ____		8. Specific Location of Incident Was it on employer's premises? <input type="checkbox"/> yes <input type="checkbox"/> no	
		9. Employee's Occupation		10. Job Task at Time of Incident	
13. Name and Address of Treating Physician _____ _____ Phone ()		11. Length of Service _____ Years; _____ Months		12. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> With Fellow Workers <input type="checkbox"/> Other	
		14. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Non-employee <input type="checkbox"/> Seasonal		15. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 5 month <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to less than 5 years <input type="checkbox"/> 5 or more years	
16. Name and Address of Hospital _____ _____ _____		17. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other (explain below)			
		18. Name of employee's immediate Supervisor at time of incident Witnessed Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Employee's Wage (pay per Hour)		Other Witnesses			
21. Voluntary benefits paid by the employer, if any		_____			

22. PART of BODY INJURED or AFFECTED

- Skull, Scalp Jaw Abdomen Shoulder Wrist Knee Foot
- Eye Neck Back Upper Arm Hand Thigh Toe
- Nose Spine Pelvis Elbow Finger Lower Leg Ankle
- Mouth Chest Other Body Part Forearm Hip Other

23. NATURE of INJURY or ILLNESS

- Puncture Bruise, Contusion Skin Disorder Amputation Muscle Sprain Cumulative Trauma Disorder
- Laceration Dislocation Burn Insect/Animal Bite Muscle Strain Irritation
- Fracture Abrasion Respiratory Foreign Body Hernia Infection
- Heat/Cold Stress Hearing Loss Chemical Exp. Other

24. DISPOSITION

- Days away from work # _____
- Restricted work days # _____
- Date returned to work # _____
- Sent to: Doctor Hospital

25. DIAGNOSIS

26. SEVERITY

- First Aid Medical Treatment
- Lost Work Days Fatality
- Other: Specify _____

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT? ■ Not Applicable

- Close Clearance/Congestion Floors/Work Surfaces Inadequate Housekeeping Defective Tools/Equipment/Vehicle
- Hazardous Placement Inadequate Ventilation Equipment Failure Illumination
- Inadequate Warning System Equipment/Workstation Design Inadequate Guards/Barrier Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ■ No Substandard Conditions

- Abuse or Misuse Inadequate Supervision Inadequate Purchasing Inadequate Engineering
- Inadequate Maintenance Inadequate Tools/Equip. Mat. Improper Work Surfaces Wear and Tear
- Lack of Knowledge/Training Improper Motivation Inadequate Capacity Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ■ Not Applicable

- Failure to Make Secure Under Influence Drugs/Alcohol Failure to Warn/Signal Inadequate/Improper P. P. E. Use
- Nullified Safety/Control Devices Used Defective Equipment Horseplay/Distractive Active Operating at Improper Speed
- Used Equipment Improperly Improper Lifting Operating Procedure Deviation
- Running/Rushing/Acting In Haste Improper Loading Unauthorized Actions Used Wrong Tool/Equipment
- Improper Technique Improper Position Servicing/Operating Equipment
- Other _____

30. PROBABLE RECURRENCE

- Frequent Occasional Rare

31. LOSS SEVERITY POTENTIAL

- Major Serious Minor

32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)

- Improve Enforcement Improve Clean-up Procedures Repair/Replace Equipment Corrective Counseling
- Improve Storage/Arrangement Rotation of Employee Eliminate Congestion Improve/Change Work Method
- Identify/Improve P. P. E. Install/Revise Guards/Devices Task Analysis to Be Completed
- Task Analysis/Procedure Revision Improve Design/Construction Job Reassignment of Employees
- Use Other Materials/Supplies Improve Illumination Mandatory Pre-Job Instructions
- Improve Ventilation Reinstruction of Employees Other _____

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ■ Comments sheet

34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ■ Comments sheet

35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

Supervisor's Signature _____

Date _____

Implementing Corrective Actions

- Document the corrective actions
- Set a completion date
- Assign responsibility

35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN			
Corrective Action Taken	Person Responsible	Target Date	Date Completed

Conclusion

- Purpose of an Accident Investigation
- Responding to an Accident
- Collecting Information
- Conducting Interviews
- Accident Analysis
- Implementing Corrective Actions

Questions

