

460.02 - Accident Reporting & Investigating -
Section 010-100-900SW

*Copy to all
Dist. from 9-19-83*

Topeka, September 16, 1983

- DISTRICT STAFF MANAGER-NETWORK PERSONNEL - Rm. 570
- DISTRICT STAFF MANAGER-CUST. SER. PERSONNEL - Rm. 310
- DISTRICT STAFF MANAGER-CENT. SER. PERSONNEL - Rm. 210
- DISTRICT STAFF MANAGER-COMPTROLLERS PERSONNEL - Rm. 130
- DISTRICT STAFF MANAGER-PUBLIC AFFAIRS - Rm. 530
- DISTRICT STAFF MANAGER-EMPLOYEE & REG. INFO. - Rm. 505

HANDLING	SUPVS
	Long
	Brown
	Conner
	Pray
	Mitchell
	Jett
	Kniese
	Pitzer
	Spicer
	Ward
<input checked="" type="checkbox"/>	FILE

Attached for your information and use is a copy of BSP 010-100-900SW, Issue C, revised July, 1983.

* This revised practice contains several changes as well as providing guidelines and a format for managers investigating employee occupational injuries and illnesses.

Questions concerning this may be directed to Gentry May on 913-296-6103.



District Staff Manager-EMP. & EEO

DATE REC'D	9-20-83	DATE
COPY TO		
RJ	<input checked="" type="checkbox"/>	
BF	<input checked="" type="checkbox"/>	
RC	<input checked="" type="checkbox"/>	
DN	<input checked="" type="checkbox"/>	
BL	<input type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	RETURN
ANS TO DIST. OFC. BY-		
DATE SENT -		

Attachment

- CC: Staff Manager-Personnel - Suite 101A
- Staff Manager-Personnel - Wichita
- Staff Manager-Network Mtc. Personnel - Rm. 545
- Staff Manager-Support Services - Suite 700T (SBL)

THE DIST. OFC.

AUG 29 1983

REPORTING AND INVESTIGATING EMPLOYEE OCCUPATIONAL
INJURIES AND ILLNESSES

<u>CONTENTS</u>	<u>PAGE</u>	
1. GENERAL	1	1.02 This Section is reissued to update <u>issue B, June 1980</u> to include references to the Claims Department, to correct titles and to add a standard format for documenting accident investigating committee reports.
2. REPORTING OCCUPATIONAL INJURIES AND ILLNESSES.	1	1.03 All legal aspects of employee accidents shall be referred to the Legal Department.
3. WHAT TO DO IN CASE OF AN ON JOB ACCIDENT.	2	1.04 If an employee accident results in injury to a non-employee or damage to the property of others, see Section 010-100-901SW, Reporting and Investigating Claims, Property Damage and Motor Vehicle Accidents.
4. PRELIMINARY REPORT OF OCCUPATIONAL INJURIES OR ILLNESSES WITH LOST WORKDAY	2	
5. PREPARATION OF ADDITIONAL FORMAL REPORTS.	3	
6. INVESTIGATION OF FATALITIES	4	
7. INVESTIGATION OF ACCIDENTS - GENERAL	4	
8. SUPPLEMENT TO THE SAFETY RESULTS PLAN.	7	
9. FORMAT OF THE ACCIDENT INVESTIGATION COMMITTEE REPORT.	8	
1. <u>GENERAL</u>		
1.01 This Section supplements the Safety Results Plan in describing the procedures to follow in reporting, classifying and coding occupational (On The Job) and non-occupational (Off The Job) injuries and illnesses. Information to assist in completing Form K-15 can be found in the Safety Results Plan.		
		2. <u>REPORTING OCCUPATIONAL INJURIES AND ILLNESSES</u>
		2.01 In order to develop an effective safety program, it is necessary to report and investigate all occupational injuries and illnesses. Analysis can then be made to determine the factors contributing to safety problems.
		2.02 It is the responsibility of the reporting supervisor to apply the procedures under this section and the Safety Results Plan on each occurrence, <u>and to accompany the employee to the doctor on the initial visit when an occupational injury occurs.</u> The supervisor shall also report any suspected case of absence of an employee due to occupational or non-occupational injury or illness.
		2.03 The responsible supervisor shall see that all reports are prepared in accordance with this Section and the Safety Results Plan.

2.04 In addition, certain serious accidents, injuries, and "near miss" cases shall be investigated for the purpose of determining the cause of the accident and means of preventing similar accidents and injuries. Part 7 of this Section outlines the procedure to be followed when investigating accidents.

3. WHAT TO DO IN CASE OF AN ON JOB ACCIDENT

3.01 When an accident occurs:

- (a) Rescue and/or administer first aid.
- (b) Call a physician or take the injured to a medical facility if medical attention is needed. If practical, obtain a physician selected by the Company.
- (c) Notify a supervisor immediately. Prompt notice will enable the supervisor to obtain photographs of the accident scene or prepare drawings before the scene is disturbed, if warranted.
- (d) The supervisor will notify Claims immediately if there is injury or property damage to non-employees. For detailed instructions in reporting and investigating injury or property damage to non-employees see Section 010-100-9015W.
- (e) Do not make public statements. Refer all inquiries from the public to the Claims/Legal Department.
- (f) Obtain the name and address of each non-employee witness and, if possible, obtain a statement of his/her version of the accident.

(g) Ask each employee-witness and the injured employee to write his/her version of the accident. The employee's supervisor shall prepare a written statement regarding the accident. These statements shall be forwarded to the injured employee's District Level Supervisor.

(h) If practicable, nothing should be disturbed at the scene of the accident until authorized by the supervisor in charge. Preserve and identify all tools and materials involved in the accident so an Investigating Committee may inspect them for defects and broken parts.

(i) Note the time of the accident and any special weather conditions or other circumstances which may be significant.

4. PRELIMINARY REPORT OF OCCUPATIONAL INJURIES OR ILLNESSES WITH LOST WORKDAYS

4.01 Within 48 hours of an occupational injury or illness resulting in lost workday(s), or the day knowledge of it is obtained, reports must be forwarded along organizational lines and teletyped to the State Safety Staff, who will transmit the preliminary report by teletype to the Safety Staff at General Headquarters - St. Louis and to the State Benefit Office. Make an individual report for each employee injured.

4.02 The form of the preliminary report is as follows:

- (a) Full name, title, and department of injured employee;
- (b) Sex, age, marital status and length of service;

- (c) Hour, date, address and city of accident location;
- (d) Nature and extent of injuries;
- (e) How accident happened (exactly what the employee was doing);
- (f) Nature of work engaged in when injured;

Note: If the injury occurred in a motor vehicle accident, were seatbelts worn?

- (g) Name and address of hospital, is employee in intensive care;
- (h) Name and address of attending physician;
- (i) Name of immediate supervisor;
- (j) Person to whom this supervisor reports;
- (k) Classification of accident (if known);
- (l) Probable period of disability;
- (m) Will Division Level Supervisor appoint an investigating committee;
- (n) Division Level Supervisor's name.

5. PREPARATION OF ADDITIONAL FORMAL REPORTS

5.01 In addition to the reports and forms required in the Safety Results Plan, certain other reports are required. The additional forms and procedures designed for use in reporting accident injuries and marking the employee's progress and recovery are described in JP 94: Procedures for Administration of Accident Disability Cases.

5.02 When Accident is Fatal: When on the job injuries are fatal, notify the State Safety Staff immediately. Obtain copies of the death certificate from the attending physician as soon as possible. A copy of the death certificate is to be attached to the K-15.

5.03 Thereafter, follow the procedure set forth in Section V45.201 (Reporting Absence Due to Illness of Eight Days or More) for reporting the death of employees. The State Safety Staff will report fatalities by telephone to the General Headquarters Safety Staff - St. Louis the day of the fatality. The General Headquarters Safety Staff - St. Louis will furnish a preliminary report of fatal accidents to the Safety Staff - AT&T Company.

5.04 Each occupational fatality or incident that results in hospitalization of five or more employees shall be reported by telephone, within 48 hours of occurrence, to the nearest office of the Area Director of the Occupational Safety and Health Administration by the State Safety Staff.

5.05 Reports Prepared by Benefit Office: After receiving Form K-15, the Benefit Office shall arrange for the authorization of accident disability benefits where this is indicated.

5.06 When lost time is involved, Form S-9700, Certification of Payments to Be Made to or on Account of Employee, will be prepared by the Benefit Office and forwarded to the Division Office. (If medical expense only is involved, payment of individual bills will be approved and no Form S-9700 will be issued.) Should any questions arise as to the amount or duration of benefits, they should be forwarded along lines of organization to the Benefit Office.

5.07 Reports Required by Workman's Commissions or Boards: Certain reports of employee accidents must be sent to the commission or other body set up to administer Workman's Compensation Laws. These reports will be prepared by the Benefit Office.

6. INVESTIGATION OF FATALITIES

6.01 Regardless of circumstances, all occupational fatalities will be investigated. The investigation shall begin immediately while the circumstances are fresh in the minds of the employees involved. A committee, including a specifically designated chairperson and secretary, shall be appointed by the department head. The chairperson of the committee shall be Division Level Supervisor or above.

6.02 The committee shall be composed of at least two occupational employees, and at least two management employees, but shall not consist of any personnel from within the Division where the fatality occurred. Investigating Committee observers shall be limited to those designated by General Headquarters and the State Safety Staff.

6.03 All statements of witnesses, photographs and drawings clarifying the accident should be made part of the report. This report should be signed by all committee members and submitted to the State Safety Staff for review, approval and distribution. (see paragraph 7 for Investigation procedures).

7. INVESTIGATION OF ACCIDENTS - GENERAL

7.01 Regardless of its classification, every accident shall be investigated and all Lost Workday Accidents shall be formally investigated unless otherwise decided by the Division Level Manager.

7.02 The State and/or General Headquarters Safety organization may determine that certain accidents warrant formal investigation.

Note: There may be cases in which no injury occurs, but the employee escapes injury by a narrow margin. The circumstances may warrant a committee investigation to determine the cause, the responsibility, and how to avoid a similar occurrence.

7.03 If the accident is to be formally investigated a committee, including a designated secretary, shall be appointed by the Division Level Manager. The committee should be composed of at least two occupational employees and at least two management employees, but shall not consist of the injured employee's immediate supervisor, second-line supervisor, or District head.

7.04 Every accident investigation should begin immediately while physical evidence is intact and circumstances are fresh in the minds of employees and witnesses. This means responsible supervisors should, when appropriate; arrange for photographs of the accident scene, take measurements and interview witnesses as quickly as possible, and without waiting for an investigating committee.

7.05 The objective of an accident investigation is to prevent accidents of a similar nature from occurring again.

7.06 To serve the intended purpose, investigation reports must be factual, specific and must not contain personal biased opinion. Responsibility for the accident should be clearly stated along with recommendations for preventing future accidents of the same, or similar, types.

7.07 The format for Accident Investigation Committee Reports is Exhibit 1. Items I through VI should be separated from Items VII through XII in the report. This will simplify removing personally identifiable employee information before the committee findings are distributed to the field for training purposes.

All statements of witnesses, photographs, and drawings clarifying the accident should be made part of the report. This report should be signed by all committee members and submitted for distribution.

7.08 The completed investigating committee report will be submitted to the State Safety Staff for review, approval and distribution. The State Safety Staff will send one copy of the approved report to the State Benefit Office and ten copies to the General Headquarters Safety organizations. These should be received by the 20th day following the accident.

7.09 Investigation Procedures: All necessary time to make a complete investigation should be allowed.

7.10 The committee, or investigating supervisor, should conduct the investigation along the following lines, insofar as circumstances permit:

(a) The appointed secretary shall keep minutes of the meetings and shall make a written report of the proceedings and findings;

(b) Review all previously obtained photographs, physical evidence and information. Arrange for any additional photographs.

(c) Interview all available witnesses and obtain their written statements.

(d) Visit the scene of the accident and take pertinent measurements of the distances, heights, and areas;

(e) Examine all tools, equipment, and objects in use or on hand at the time of the accident that might have a bearing on the case.

(f) Search the accident scene and the facilities for evidence that might assist in determining the cause of the accident;

(g) Arrange tools, equipment, facilities, and all objects as they were at the time of the accident; enact the work operation in progress at the time of the accident, if practical and necessary, to facilitate a complete report; and, prepare a detailed description of how the accident happened;

(h) Question (1) the injured employee, if physical condition permits and the attending physician approves, (2) the supervisor in charge of the work where the accident occurred, (3) fellow employees at the accident scene, and (4) any other witnesses; and, study their written statements.

(i) Determine the status of the Accident Prevention Plan administered to the injured employee and what classroom training and supervision he/she has received.

(j) Determine the primary cause of the accident, specify any unsafe acts committed and practices violated; and,

(k) Formulate recommendations covering training, supervision and administration that may prevent similar accidents. (Reference to the Practices should be made in these recommendations.)

7.11 Investigations may vary from a relatively brief study of the factors in a minor accident, where the cause and corrective action are apparent, to a complex technical investigation in which experts may be needed. The fundamentals outlined below characterize all types of investigations and are offered as a framework to guide the supervisor or committee in their investigative efforts.

7.12 Within the framework of the investigation procedures, certain questions are offered as examples of the type that may be appropriate when a facet of the investigation is being considered. They are not intended to be either restraints

or encouragements to limit or extend the investigation beyond its obvious objective of securing the pertinent facts. Some of these questions are:

(1) The accident itself - What happened? What was the nature of the work? Exactly what activity was occurring? What work practices covered the work operation? Were these practices followed? If they were not - why not?

(2) The injured employee - Why did it happen to this employee? What previous accidents has the injured employee had on and off the job? Did the injured employee differ physically, mentally, or emotionally from the other employees doing the same type of work? How was the employee's health on the day of the accident? What was the injured employee's attitude towards the cause or causes of the accident? Attitude toward safety equipment? Does the employee have any physical restrictions which might be a factor in causing the accident? Does the employee wear eye glasses, hearing aid? If not, was there any indication that they were needed?

(3) The circumstances of the accident, material factors - Would a demonstration or reenactment of the accident help determine the cause? If the injured person did nothing, was there any unsafe performance on the part of another individual? What was the job plan? Was there a safer way to do the work? Were there secondary or contributing causes, such as the acts of others? Weather conditions? Was the equipment or work area properly guarded?

Was it suited for the purpose for which it was used? Were ample and sufficiently lighted work space provided? Were proper housekeeping conditions maintained?

(4) Training and supervision - Was a supervisor present at the time of the accident? Had the injured employee performed this work before? What instructions had the injured employee received about the work prior to the accident? Did the employee work in accordance with instructions? What training had been given to prepare the employee for the work operations?

(5) Finally, keep in mind, occupational injuries and illnesses are caused by the failure of engineering controls and work procedures designed to control and/or eliminate unsafe working conditions and practices.

The investigating committee must determine where the failure occurred.

8. SUPPLEMENT TO E-5860 (BELL SYSTEM SAFETY RESULTS PLAN)

8.01 State Safety Offices must receive Form K-15 from all departments by the 6th working day following knowledge of a recordable injury or illness.

8.02 When counting Lost Workdays, only those days that the employee is normally scheduled to work should be counted.

Note: When Lost Workday cases are pending at the end of the year, an estimate must be secured from the medical consultant as to when the employee will return to work and reported for the year under report. Form OSHA 200 must be updated for a five year period. When the final outcome of such pending case is determined, a revision must be submitted to the State Safety Office replacing the estimated days with the actual days involved.

8.03 The Safety Results Plan, Section IV, paragraph 2.02(4), states "If a difference of medical opinion arises, the opinion of the Company Medical Director shall prevail." In the Southwestern Company if a difference in medical opinion arises, the joint opinion of the Company Medical Director at General Headquarters, and the Department Personnel Manager shall prevail.

8.04 Department Codes (Item 11) and Unit Codes (Item 12) shall be entered on Form K-15 as determined by the GHQ Safety Organization.

8.05 For record keeping purposes first aid cases with no medical expense shall be recorded on Form K-15 (Employee Injury and Illness Report) and forwarded to the State Safety office.

Note: In Texas - Form E-1 (Employers First Report of Injury) shall reflect "First Aid No Expense" in red at the top of Form E-1.

ACCIDENT INVESTIGATION COMMITTEE REPORT
Accident Classification (Lost Workday, etc.)
Injured Employee's Title
Location (City & State)

I DATE, TIME AND EXACT LOCATION OF THE ACCIDENT:

II NATURE AND EXTENT OF THE INJURY:

III HOW THE ACCIDENT HAPPENED:

Notes:

- (a) Make this determination by following the procedure described in Section 010-100-900SW Paragraph 7.
- (b) Be thorough and complete, describe in detail how the accident occurred.

IV WHY THE ACCIDENT HAPPENED:

Notes:

- (a) What unsafe act or acts were committed? What Company practices or policies were violated? By whom? (Use a title or description - not a person's name.)
- (b) What is the most direct cause of the accident? Be specific.
- (c) What are the contributing factors?
- (d) What Bell System Practices apply?

V HOW COULD THE ACTIVITY HAVE BEEN DONE SAFELY?

Note:

This item is the crux of the training instrument.

VI WHAT SHOULD BE DONE TO PREVENT A RECURRENCE:

Notes:

Specifically what can our employees - management and occupational - do to prevent this type of accident from occurring again.

EXHIBIT 1 (page 2)

VII PERSONAL DATA - INJURED EMPLOYEE

Name:
Age:
Service:
Present Title:
Previous Title:
Previous Accidents:

VIII STATUS OF BELL SYSTEMS ACCIDENT PREVENTION PLAN (BSAPP)
SAFETY KNOWLEDGE REVIEWS

Note:

- (a) What BSAPP Review Packages are required?
- (b) What BSAPP Review Packages were completed before the accident occurred?
- (c) What items were deviated?
- (d) What follow up checks were completed?

IX STATUS OF BSAPP WORK OBSERVATIONS

X MEMBERS OF THE INVESTIGATING COMMITTEE

XI COMMITTEE PROCEDURES

XII COMMITTEE MEMBERS SIGNATURES