

Administrative Procedure

CPCC-PRO-SH-077

Reporting, Investigating, and Managing Health and Safety Events

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Change Summary

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1.0 INTRODUCTION**1.1 Purpose**

This procedure establishes the requirements and process for responding to, reporting and documenting occupational injuries and illnesses. It also provides for the consistent response, investigation, and management of such events. In addition, this procedure also establishes the process to ensure that prompt medical treatment is obtained, and that work-related injuries and illnesses are accurately classified and reported in accordance with U.S. Department of Energy (DOE)/Occupational Safety and Health Administration (OSHA) requirements.

1.2 Scope

This procedure describes the process for managing occupational (i.e., work-related) injuries and illnesses. Non-occupational injuries/illnesses (i.e., non-work-related) that result in a release from work or involve work restrictions are to be reported to direct management and managed in accordance with CPCC-SH-54919, *Return to Work after Personal Medical-Related Condition or Absence*.

1.3 Applicability

This procedure is applicable to Central Plateau Cleanup Company (CPCCo) team employees and subcontractors when reporting, investigating, and managing CPCCo events.

1.4 Implementation

This procedure is effective upon publication.

2.0 RESPONSIBILITIES**2.1 Employee**

- Reports emergencies.
- Notifies a supervisor of all work-related injuries and illnesses immediately and of any personal medical condition (non-work related injury or illness) that may affect ability to perform job safely.
- Participates in event management, investigation, and injury/illness management in accordance with this procedure.

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2.2 Managers/Supervisors

NOTE: *For areas/organizations that do not have an assigned Occupational Safety & Industrial Hygiene Professional (OS&IH Professional) and/or a project shift office, the Case Management Specialist (CMS) or Occupational Safety and Industrial Hygiene Program Manager (OS&IH PM) can be contacted for assistance.*

- Participates in event management, investigation, and injury/illness management in accordance with this procedure.
- Immediately notifies the assigned OS&IH Professional of any injury or illness and request that the OS&IH Professional accompany any transports to either the site occupational medical contractor (SOMC) or offsite medical facility (occupational injury/illness or personal condition).
- Immediately notifies the Project Shift Office of any work-related injury or illness reports and/or any transports to either the SOMC or offsite medical facility. Updates the Shift Office regarding changes in employee's condition as information becomes available.
- Manages the needs of injured employees (e.g., transportation, clothing, badge, notification of family members) being transported to SOMC or offsite medical facility.

2.3 Shift Office

- Makes notifications in accordance with this procedure.
- Provides additional information as requested to the CMS, line management, senior management, and U.S. Department of Energy (DOE) Facility Representatives; refers others requesting information to the CMS.

2.4 Occupational Safety & Industrial Hygiene Professional

- Unless an injury is self-treated, accompanies employee to the nearest SOMC or to the primary care medical facility for evaluation and appropriate medical treatment. If unavailable, the OS&IH Professional may delegate accompanying the employee to a management representative until the OS&IH Professional is available.
- Participates in event management, investigation, and injury/illness management in accordance with this procedure.
- Ensures corrective actions identified are appropriate to prevent recurrence and are tracked to closure.

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2.5 Case Management Specialist (CMS)

- Provides interpretation of this procedure and program guidance.
- Schedules Case Classification Group (CCG) meetings when sufficient information exists to enable the group to thoroughly evaluate the case(s).
- Maintains local electronic files of injuries and illnesses.
- Documents, evaluates, and presents case information to the CCG to enable the group to evaluate the case and determine the appropriate OSHA case classification.
- When notified by SOMC of a potential hearing Standard Threshold Shift (STS), performs STS calculations.
 - If the calculation indicates an STS, submits to noise subject matter expert/industrial hygienist (SME/IH) for peer review.
 - If the STS is verified, notifies the facility/project Occupational Safety and Health Manager to investigate and assist in completion of the Hearing Conservation Questionnaire as indicated in CPCC-PRO-SH-40479, *Occupational Noise Exposure and Hearing Conservation*.
- Ensures OSHA recordable injury and illness cases are recorded on the OSHA 300 Log and entered into the Computerized Accident/Incident Reporting System (CAIRS).
- Supports quarterly recordkeeping and reporting program assessments to verify that injury and illness information recorded and reported is thorough and accurate.
- Supports annual assessment to verify that subcontractors have appropriately classified and recorded injury and illness information on their respective OSHA 300 logs.
- Obtains and maintains OSHA recordkeeping training/certification from an OSHA Regional Training Center (or equivalent) and CAIRS user training.
- Provides weekly injury and illness summary reports to DOE Richland Operations Office (RL).

2.6 Hanford Atomic Metal Trades Council (HAMTC) Safety Representatives, Building Trades Safety Representative, and Employee Zero Accident Council Members

- Participates in accident investigations as requested by supervisors/managers/employees.

2.7 Case Classification Group

- Evaluates case information against the criteria set out in 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*, to determine the appropriate OSHA case classification.

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3.0 PROCESS

3.1 Notifications/Communications

3.1.1 Injuries or Illnesses

Actionee	Step	Action
Injured Employee or First Responder	1.	DIAL 911 (509-373-0911 on cell phones) for all emergency events.
	2.	NOTIFY immediate Supervisor/Manager of all injuries and illnesses immediately.
Supervisor/ Manager	3.	ENSURE emergency services have been notified for emergency events (dial 911, 509-373-0911 on cell phones).

NOTE: For areas/organizations that do not have an assigned OS&IH Professional and/or a project shift office, the CMS or OS&IH PM can be contacted for assistance.

4. Immediately NOTIFY assigned OS&IH Professional of any injury or illness
AND REQUEST the OS&IH Professional accompany any transports to either the SOMC or offsite medical facility (occupational injury/illness or personal condition).
5. Immediately NOTIFY the Project Shift Office of any work-related injury or illness reports and/or any transports either to the SOMC or offsite medical facility.
6. UPDATE the Shift Office regarding changes in the employee's condition as needed.
7. IF injured employee is a subcontractor employee, THEN CONTACT the subcontractor management AND NOTIFY the CPCCo Buyer's Technical Representative of the injury.

NOTE: The notification should not contain any identifier, medical condition, or diagnosis.

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|--------------------|---|
| Shift Office | 8. MAKE notifications in accordance with this procedure. |
| | 9. NOTIFY the OS&IH Professional, appropriate supervisory personnel, and the DOE Facility Representative. |
| OS&IH Professional | 10. NOTIFY CMS of all work-related injuries/illnesses that are self-treated or require medical treatment by the SOMC or offsite medical facility. |
| | 11. ACCOMPANY employee to SOMC or offsite medical facility to assist with case management and act as employee advocate. |
| | 12. NOTIFY OS&IH management and CMS of any changes or updates in care, employee status, treatment, and outcomes. |

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3.1.2 Non-Emergency Workplace Injuries or Illnesses

Actionee	Step	Action
NOTE:	<ul style="list-style-type: none"> • <i>Initial medical evaluations will be conducted by the SOMC with the exception of those cases involving emergency treatment, self-treatment of very minor injuries, or occupational conditions occurring during times when the SOMC is not available. When the health service centers are closed, medical evaluation is available by transporting an injured/ill employee to the nearest fire station.</i> • <i>Self-treat injuries/incidents are minor injuries (e.g., small cuts, scratches, small splinters) and may be self-treated at the work site if the employee, the immediate Supervisor/Manager, CMS, and/or Project OS&IH Professional agree on that approach.</i> • <i>Not eligible for self-treat and requires medical staff evaluation:</i> <ul style="list-style-type: none"> ○ <i>Falls</i> ○ <i>Strains</i> ○ <i>Sprains</i> ○ <i>Head injuries</i> ○ <i>Eye injuries</i> ○ <i>Potential exposures (e.g., bloodborne pathogens, chemical, hearing, etc.)</i> • <i>Event reports are required on all injury/illnesses reports, regardless of severity.</i> • <i>Refer to CPCC-PRO-HR-54797, Accommodations in the Workplace for employees with personal medical conditions.</i> 	
Employee	<ol style="list-style-type: none"> 1. Immediately NOTIFY Supervisor/Manager of all work-related injuries and illnesses. 2. Unless an injury/illness is self-treated, REPORT to the nearest SOMC or, if after hours, to an offsite medical facility to be evaluated and receive appropriate treatment. 3. NOTIFY a Supervisor/Manager and OS&IH Professional of any personal condition (non-occupational injury or illness) that may affect your ability to perform your job safely. 	
Supervisor/ Manager	<ol style="list-style-type: none"> 4. Immediately NOTIFY assigned OS&IH Professional of any injury or illness <u>AND REQUEST</u> the OS&IH Professional accompany any transports to either the SOMC or medical facility (occupational injury/illness or personal condition). 5. Immediately NOTIFY the Shift Office of any work-related injury or illness reports and/or any transports either to the SOMC or offsite medical facility. 6. UPDATE Shift Office regarding changes in the employee's condition as needed. 	

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Actionee	Step	Action
Supervisor/ Manager	7.	Unless self-treatment is agreed upon, DIRECT the affected worker to the nearest SOMC or, if after hours, an offsite medical facility.
NOTE: <i>The notification should <u>not</u> contain any identifier, medical condition, or diagnosis.</i>		
Shift Office	8.	NOTIFY the appropriate safety personnel and management representatives.
OS&IH Professional	9.	NOTIFY CMS of all work-related injuries/illnesses that are self-treated or require medical treatment by the SOMC or offsite medical facility.
	10.	ACCOMPANY employee to SOMC or offsite medical facility to assist with case management and act as employee advocate.
	11.	NOTIFY OS&IH management and CMS of any changes or updates in care, employee status, treatment, and outcomes.

3.1.3 Government Vehicle Accident

- NOTE:**
- *Vehicle Accident: Refers to any collision involving a government vehicle with a pedestrian, other vehicle(s) and/or other fixed or stationary objects, whether or not any physical damage or bodily injury occurs.*
 - *Vehicle Related Property Damage: Refers to a non-accident involving physical damage: including, but not limited to, environmental (wind, tumbleweeds, etc.), vandalism, animal strikes, window or vehicle damage from road hazards or flying objects and vehicle damage from tires or chains, etc.*

Actionee	Step	Action
Employee	1.	NOTIFY immediate supervisor/manager.
	2.	PRESERVE SCENE- Mandatory. Do not move vehicle unless needed to put the vehicle in a safe configuration. Vehicle may be moved after incident has been investigated.
	3.	FOLLOW section 3.1.1, "Injuries or Illnesses" for vehicle incidents where an injury has occurred.

NOTE: *For additional requirements refer to CPCC-PRO-PMT-54845, Vehicle Management, and/or for ERDF/IDF leased vehicles refer to CPCC-PRO-TP-53812, Government Vehicle Accident Reporting.*

4. COMPLETE the employee section of the *Event Report* (Site Form A-6004-756) as soon as possible but no later than two calendar days.

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Actionee	Step	Action
<p>NOTE: For other reporting criteria refer to CPCC-PRO-PMT-54845 and/or for ERDF/IDF leased vehicles refer to CPCC-PRO-TP-53812.</p>		
Supervisor/ Manager	5.	NOTIFY next level management, CMS and Shift Office.
	6.	NOTIFY Traffic Safety Representative and Project OS&IH Professional to perform vehicle accident investigation.
	7.	INVESTIGATE the event as soon as possible for the purpose of identifying the facts involved with the event and the corrective actions necessary to reduce the probability of event reoccurrence.
	8.	At a minimum, ESTABLISH a team to investigate any GSA and Leased vehicle incidents that includes: <ul style="list-style-type: none"> • Involved employee • Immediate supervisor • Traffic Safety Representative • Project OS&IH Professional • HAMTC/Building Trades Craft Safety representative, as applicable
	9.	COMPLETE <u>AND</u> SUBMIT an <i>Event Report</i> to the CMS as soon as possible but no later than two calendar days after the accident.
Project OS&IH Professional and Traffic Safety Representative	10.	PARTICIPATE in line management's investigation and <i>Event Report</i> preparation.
Project OS&IH Professional	11.	REVIEW <u>AND</u> SIGN <i>Event Report</i> when complete.
CMS	12.	SIGN <i>Event Report</i> when submitted to acknowledge receipt <u>AND</u> PLACE signed <i>Event Report</i> in case file.
	13.	MAINTAIN a repository of case file documentation

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3.2 Control of the Accident Scene

3.2.1 Secure the Scene

Actionee	Step	Action
All Employees	1.	After reporting an event, and ensuring it is safe to help, ASSIST personnel as needed.
	2.	As needed, PROVIDE first aid within level of training.
	3.	<u>IF</u> the event results in an injury or illness, <u>THEN</u> ENSURE the affected employee gets immediate medical attention; do not move seriously injured personnel unless remaining at the present location presents a greater danger.
	4.	<u>IF</u> you can safely do so, <u>THEN</u> TAKE actions necessary to prevent or minimize the risk of additional injury or illness.
	5.	When applicable, REMAIN with the injured/ill worker until emergency response personnel arrive on scene.

3.2.2 Preserve Evidence

Actionee	Step	Action
Employees/ Manager/ Supervisor	1.	LEAVE the event scene intact to the greatest extent possible, with nothing moved or disturbed until an investigation is complete.
	2.	MAKE a prompt and careful effort to preserve the evidence that will be necessary to answer the key questions about the event (who, where, what, when, how, and why).
	3.	USE barricades, signs, or other means to isolate the site, warn of hazards, and otherwise restrict access.
	4.	OBSERVE <u>AND</u> RECORD perishable or environmental evidence (such as instrument readings, control panel settings, and weather conditions). <ol style="list-style-type: none"> USE photographs, sketches, and diagrams to record evidence or conditions. MAKE detailed notes about any photographs, sketches, or diagrams made.
Manager/ Supervisor	5.	CONTACT the responsible OS&IH Professional to assist in recording perishable or environmental evidence and to release the scene from investigation.
OS&IH Professional	6.	ASSIST in recording perishable or environmental evidence at the scene of an accident.

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Actionee	Step	Action
Manager/ Supervisor	7.	DETERMINE what actions need to be taken to control the area (e.g., clean up blood, remove equipment, and perform repairs, as needed) and to make the area safe.

3.2.3 Post-Accident Management

Actionee	Step	Action
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NOTE: *The SOMC and offsite care facilities include, but are not limited to the following:*

- *SOMC: North Area: 200W/2719-WB, 509-373-2714*
- *SOMC: South Area: 1979 Snyder Street, Richland, WA, 509- 376-6981*
- *After hours care facilities include the following:*
 - *Kadlec Medical Center: 888 Swift Blvd., Richland, WA, 509-946-4611*
 - *BestMed Urgent Care: 310 Torbett St., Richland, WA, 509-946-7646*
 - *BestMed Urgent Care: 550 Gage Blvd., Richland, WA, 509-628-1362*
- *After hours care facilities locations listed are not all inclusive*

OS&IH Professional/ CMS	1.	ACCOMPANY injured or ill employee to the SOMC. <ul style="list-style-type: none"> a. Outside the SOMC operating hours, ACCOMPANY injured or ill employee to the medical facility providing treatment. b. REMAIN with the employee until the employee is released or assistance is no longer necessary.
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NOTE: *The follow up information to the Shift Office should not contain any identifier, medical condition/treatment, or diagnosis. The information should be generic in nature.*

2. FOLLOW UP with the Shift Office and CMS on the status of the injured employee.
3. IF the medical provider issues restrictions, THEN ENSURE the employee follows the process described in CPCC-PRO-HR-54797.
4. Until directed otherwise by CMS, KEEP in contact with the employee if the employee is medically removed or restricted from work.
5. Upon the employee's return to work, FOLLOW requirements specified in CPCC-PRO-SH-54919.
6. MEET with the medical provider and employee's supervisor/manager to ensure appropriate care is provided.

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Actionee	Step	Action
NOTE:		<i>Medical care following possible chemical exposure shall be provided to an employee under the following circumstances:</i>
		<ul style="list-style-type: none"> • <i>An employee communicates that he or she may have been exposed to a chemical and is experiencing physical symptoms, or</i> • <i>An employee expresses concern that he or she may have been exposed to a chemical, or</i> • <i>An employee reports being potentially exposed following an event or release regardless of the presence or absence of symptoms.</i>
Employee	7.	<p>For occupational injuries and illnesses that occur during normal work hours, REPORT to the SOMC for evaluation as soon as possible under the following circumstances:</p> <ul style="list-style-type: none"> • When incurring an occupational injury not meeting self-treat criteria • When instructed to do so by management • When instructed to do so by the Hanford Fire Department • When exhibiting symptoms from a chemical-related event
	8.	<p>Following medical care evaluation, REPORT immediately to direct management any restrictions and/or prescriptions issued as the result of occupational injuries/illnesses that may affect your ability to perform job duties safely or that may affect the safety of co-workers.</p>
	9.	<p>When restrictions are issued by the SOMC for an occupational injury or illness, CONTACT Manager/Supervisor <u>AND COMPLY</u> with CPCC-PRO-SH-54919 and CPCC-PRO-HR-54797.</p>
	10.	FOLLOW the SOMC recommendations/restrictions.
	11.	<p><u>IF</u> unable to attend work due to an injury/illness, <u>THEN</u> NOTIFY direct management prior to start of work shift <u>AND MAINTAIN</u> contact when off work due to an injury/illness.</p>
	12.	<p><u>IF</u> an injury is discovered, <u>OR IF</u> an employee seeks the attention of an offsite medical practitioner after hours as a result of a workplace injury or illness, <u>THEN</u> immediately NOTIFY direct management.</p> <p>a. <u>IF</u> management is not available, <u>THEN</u> NOTIFY the appropriate Shift Office.</p>

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Actionee	Step	Action
Employee	13.	<p><u>IF</u> removed from work by an offsite physician, <u>THEN</u> immediately NOTIFY direct management <u>AND</u> REPORT to the SOMC as soon as possible.</p> <p>a. PROVIDE written instructions from the physician to the SOMC for evaluation.</p> <p>b. NOTIFY the Workers Compensation Coordinator.</p>

3.3 Investigation Completion [(i.e., Complete *Event Report* (Site Form A-6004-756))]

Any information about an individual employee including, but not limited to, education, medical history, employment history, and/or any other information that can be used to distinguish or trace an individual’s identity, such as his/her social security number, date and place of birth, mother’s maiden name, biometric data, etc., and including any other personal information that is linked or linkable to a specific individual shall be marked and protected as Official Use Only – Personally Identifiable Information. See HMIS-PRO-SEC-54603, *Identifying, Marking, and Protecting Official Use Only (OUO) Information*.

- NOTE:**
- *Employees and/or witnesses who were involved in the event shall participate in the investigation.*
 - *A HAMTC Safety Representative, Building Trades Safety Representative, and an Employee Zero Accident Council representative are encouraged to participate as requested by management and/or Safety.*

Actionee	Step	Action
Responsible Manager/ Supervisor	1.	With support from an OS&IH Professional, INITIATE an investigation team within 24 hours.

NOTE: *Personal witness statements should be obtained as soon as possible after an event and documented independent of one another.*

2. OBTAIN statements from personnel that were involved in or witnessed the event AND DOCUMENT statements on the “Witness Statement Page” of the *Event Report* (Site Form A-6004-756).
3. OBTAIN any procedures, work packages, briefing checklists, job hazards analyses (JHA), or other information that help explain what was occurring at the time of the event including, but not limited to, instrument readings, photographs, and drawings.
4. As appropriate, DEVELOP a map and timeline documenting the sequence of events.

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Actionee	Step	Action
NOTE:	•	<p><i>Corrective actions identified during the investigation process that cannot be immediately taken or the problem/condition/event is evaluated against the Action Request (AR) initiation criteria A shall be tracked through the Integrated Contractor Assurance System (iCAS).</i></p> <p><i>Corrective actions should place emphasis on unsafe conditions, deficiencies, or items that need further evaluation and be documented on the Event Report and AR.</i></p> <p><i>Once the report is finalized and approved by the assigned OS&IH Professional, the report will be sent to the Case Management Specialist for filing, tracking, and trending.</i></p>
Responsible Manager/Supervisor	5.	<p>Within 48 hours of the event, SUBMIT the original <i>Event Report</i> (Site Form A-6004-756) and any supporting documentation including required photographs to the field OS&IH Professional for review.</p>
		<p>a. <u>IF</u> the <i>Event Report</i> requires more than 48 hours for completion, <u>THEN</u> NOTIFY CMS.</p>
	6.	<p>EVALUATE all investigation and feedback information for process improvements or lessons learned.</p>
		<p>a. CONSIDER any good work practice, innovative approach, or adverse work practice or experience captured during the investigation of the event that may prevent recurrence for lessons learned.</p>
OS&IH Professional	7.	<p>ASSIST Manager/Supervisor in the accident investigation by helping to initiate the investigation, participate as an investigation member, obtain statements, gather documents and applicable evidence (including photographs), establish sequence of events, and in completing the report.</p>
	8.	<p>REVIEW the <i>Event Report</i> for completeness and accuracy of content.</p>
	9.	<p>ENSURE corrective actions identified are appropriate to prevent recurrence and are completed or being tracked to closure through the iCAS process.</p>
OS&IH Professional	10.	<p>COMPLETE the "OS&IH Professional" section of the <i>Event Report</i> by obtaining necessary signatures.</p>
Employee	11.	<p>COMPLETE the "Employee" section of the <i>Event Report</i> within the shift of occurrence, but no later than beginning of the next shift.</p>

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3.4 Evaluating, Classifying and Reporting of Work-Related Injuries and Illnesses

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
CMS	1.	REVIEW the <i>Event Report</i> (Site Form A-6004-756) for completeness and to ensure sufficient information is contained within the report to properly evaluate and classify the event.
	2.	As necessary, CONTACT the assigned OS&IH Professional and/or Manager/Supervisor for additional information or clarification.
	3.	ASSIST line management as needed or requested in the investigation, management, and reporting of work-related injury and illnesses.
	4.	ASSIGN a case number and an electronic case file.
	5.	COLLECT <u>AND</u> REVIEW information relevant to the case (e.g., record of visits, medical case notes, medical and employment history, diagnoses, treatment information).
NOTE:		<ul style="list-style-type: none"> • <i>The CCG may apply any recognized and generally accepted references and guidance documents in the determination of OSHA recordability.</i> • <i>CCG members include the CMS, OS&IH Manager, OS&IH PM and approved delegates. Additional attendees of classification meetings shall have a need-to-know and be approved by the OS&IH Manager.</i>
CMS/CCG	6.	<p>REVIEW <u>AND</u> EVALUATE details of case, documentation, and other relevant information against the classification criteria set out in 29 CFR 1904.</p> <ol style="list-style-type: none"> DETERMINE if the injury or illness occurred in the work environment (29 CFR 1904.5). DETERMINE if the injury or illness is work-related (29 CFR 1904.5). DETERMINE if the injury or illness is a new case (29 CFR 1904.6). EVALUATE the injury and illness against the following OSHA general recording criteria (see 29 CFR 1904.7): <ul style="list-style-type: none"> • Death [1904.7(b)(2)] • Days away from Work [1904.7(b)(3)] • Restricted work or transfer to another job [1904.7(b)(4)] • Medical treatment beyond first aid [1904.7(b)(5)] • Loss of consciousness [1904.7(b)(6)] • A significant injury or illness diagnosed by a physician or other licensed health care professional [1904.7(b)(7)]

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Actionee	Step	Action
NOTE: 29 CFR 1904 and DOE 231.1B require cases to be recorded in CAIRS within seven (7) calendar days after receiving information that a recordable injury or illness has occurred.		
CMS/CCG	7.	<p>CLASSIFY the case.</p> <p>a. <u>IF</u> the injury or illness is determined non-recordable, <u>THEN DO NOT RECORD</u> the case on the OSHA 300 Log or enter into CAIRS.</p> <p>1) CLASSIFY the case as appropriate (i.e., not work-related, report only, first-aid, self-treat) <u>AND PLACE</u> a case summary along with any supporting documentation in the case file.</p> <p>b. <u>IF</u> the injury or illness is determined to be OSHA recordable <u>and is not</u> subject to one or more of the exemptions set out in 29 CFR 1904.5(b)(2), <u>THEN PERFORM</u> the following:</p> <p>1) CLASSIFY the case as appropriate (e.g., recordable, days away, restricted or transferred [DART]).</p> <p>2) RECORD the case on the OSHA 300 Log.</p> <p>3) ENTER the case into CAIRS.</p>

3.5 Recordkeeping

Actionee	Step	Action
CMS or delegate	1.	RECORD each recordable injury or illness on the OSHA 300 Log and 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred (CAIRS generates the 301 Incident Report).
	2.	<p>ENTER each recordable injury or illness report into the CAIRS database via CAIRS Direct Data Entry.</p> <p>a. ENSURE each data field on the report is complete when the report is submitted.</p> <p>b. INCLUDE the actual number of days away, restricted or transferred (DART) as of the date of the report.</p>
	3.	UPDATE the number of DART or other information previously reported for each case on a quarterly basis until the case is closed or until the number of DART days exceeds 180 days.
	4.	SUBMIT quarterly revisions to DART or revisions to other previously reported information by the 10th of the month following the end of the calendar quarter (i.e., April 10th, July 10th, October 10th, January 10th).

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
CMS or delegate	5.	REPORT quarterly work hours by the 10th of the month following the end of the calendar quarter using the CAIRS Direct Data Entry process.
	6.	MAINTAIN the Log of Work-Related Injuries and Illness OSHA No. 300 as required in DOE O 231.1B, <i>Environment, Safety and Health Reporting</i> , for all employees and daily supervised subcontractor employees.
	7.	PREPARE <u>AND</u> DISTRIBUTE copies of the annual OSHA 300A Summary of Work-Related Injuries Report to post (required from February 1 to April 30) for employee review.
	8.	SUPPORT quarterly self-assessments to ensure injury and illness information reported to DOE through CAIRS is thorough, accurate, and consistent with local occupational injury/illness (OII) data.
	9.	SUPPORT annual assessment to verify that subcontractors have appropriately classified and recorded injury and illness information on their respective OSHA 300 logs.
	10.	SUBMIT completed <i>Event Report</i> (Site Form A-6004-756) to IRM Service Provider for issuance to IDMS.

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4.0 FORMS

A-6004-756, *Event Report*

5.0 RECORD IDENTIFICATION

All records are required to be managed in accordance with CPCC-PRO-IRM-10588, *Records Management Processes*.

Records Capture Table

Name of Record	Submittal Responsibility	Retention Responsibility
<i>Event Report, A-6004-756</i>	CMS	IRM Service Provider

6.0 SOURCES

6.1 Requirements

10 CFR 851, *Worker Safety and Health Program*
 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*
 5 USC 552A, *Records Maintained on Individuals*
 DOE O 226.1B, *Implementation of Department of Energy Oversight Policy*
 DOE O 231.1B, Admin Chg 1, *Environment, Safety and Health Reporting*

6.2 References

CPCC-PRO-HR-54797, *Accommodations in the Workplace*
 CPCC-PRO-IRM-10588, *Records Management Processes*
 CPCC-PRO-PMT-54845, *Vehicle Management*
 CPCC-PRO-SH-40479, *Occupational Noise Exposure and Hearing Conservation*
 CPCC-PRO-SH-52785, *Workers' Compensation*
 CPCC-PRO-SH-54919, *Return to Work after Medical-Related Condition or Absence*
 CPCC-PRO-TP-53812, *Government Vehicle Accident Reporting*
 HMIS-PRO-SEC-54603, *Identifying, Marking, and Protecting Official Use Only (OUO) Information*

6.3 Basis

CPCC-PRO-EM-058, *Event Initial Investigation and Critique Meeting Process*
 CPCC-PRO-EM-060, *Reporting Occurrences and Processing Operations Information*
 CPCC-PRO-HR-042, *Fitness for Duty*
 CPCC-PRO-IRM-184, *Information Protection and Clearance*
 CPCC-PRO-QA-052, *Issues Management*
 DOE F 5484.4, *Tabulation of Work-Hours*
 DOE G 231.1, *Occurrence Reporting Causal Analysis Guide*

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Appendix A - Glossary

<i>Term</i>	<i>Definition</i>
Emergency	A serious situation or occurrence that happens suddenly and/or unexpectedly, jeopardizing human life and/or property, and demands immediate action (e.g., severe bleeding, heart attack symptoms, stroke, chest pain, difficulty breathing, compound fractures, etc.).
Emergency Response	The response made by firefighters, emergency medical technicians, security, health care personnel, and/or other emergency services upon notification of a fire, accident, earthquake, explosion, environmental spill/event, or other event in which human life and/or property may be in jeopardy.
Event	An unplanned action or happening resulting in adverse consequences.
First Aid	Emergency treatment for injury or sudden illness given before definitive medical care is available.
First Aid Treatment	Treatment consistent with 29 CFR 1904, <i>Recording and Reporting Occupational Injuries and Illnesses</i> .
Recordable Injury	An injury that results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or licensed health care professional.
Self-Treatment	Treatment administered by the employee. Injuries and illnesses that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate supervisor, and OS&IH Professional.
Work-Related Injury/illness	An injury or illness is an abnormal condition or disorder including, but not limited to, a cut, fracture, sprain, amputation or an acute or chronic illness such as a skin disease, respiratory disorder or poisoning that has been determined to be work-related pursuant to 29 CFR 1904.