



Western
Technical
College

SOP #: 240004

Revision #: 1

Implementation Date: 11/2011

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Last Reviewed/
Update Date:

SOP Owner: Human Resources

Approval:

Employee Incident/Accident Procedure & Workers Comp

1. Purpose

The purpose of this standard of operating procedure is for **Employee Incident/ Accident Procedure**. The following are steps that need to be followed when an injury/accident has taken place and needs to be reported.

2. Scope

- Employees
- Supervisors

3. Prerequisites

The Incident/Accident has to be within school grounds or during any activity pertaining to Western Technical College.

4. Responsibilities

- Employee
- Supervisor
- Human Resources Department

5. Procedure

- ALWAYS immediately report to your supervisor any incident/ accident or injury no matter how minor it may seem.
- If your supervisor is not available, then immediately report the accident to the next higher authority or to the Human Resources department.
- The supervisor must immediately notify the Campus Director and Human Resources Department.
- If the injury is serious or if you are not sure, call 911 and request assistance.
- Injured Employee should remain accompanied at all times until 911 personnel arrive.



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- Supervisor and employee must complete an incident/accident report in legible writing, obtain all signatures, and information must be clear, precise and accurate, it is important to have this report completed immediately following the accident (If employee is unable to sign, the supervisor should fill out form either way and obtain employee's signature as soon as possible).
- If employee requires medical attention, the employee will be sent to one of the Concentra Clinics (Concentra is only for Worker's Comp). HR will call the clinic to notify them that the employee is on its way to the clinic. The HR department will contact employee's emergency contact, if needed, as soon as possible.
- Supervisor must forward complete incident/accident report to Human Resources and Campus Director.
- HR must submit the accident report online to the Workers' Compensation Insurance (www.texasmutual.com) > Report an Injury, and follow up, until Employee is eligible to return to work.

6. References

- Employee Handbook (Section VI- Safety Policies and Procedures- Accidents-What To Do)
- Employee Handbook (Section III- Employee Benefits-Workers Compensation Insurance)

7. Definitions

- Accident: An unexpected and undesirable event, especially one resulting in damage or harm.
- 911- Phone number to access emergency personnel e.g. Ambulance, Police, Fire Department.



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WTC INCIDENT REPORT FORM

Today's Date:		Date of incident:	
Employee Name:			
Nature of Incident:			
Date, time and name of the person the incident was reported to:			
Any property damage? If yes, please describe:			
Any weapons involved? If yes, please describe?			
Names of involved parties:			
Location of incident:			
Was 911 Called?		Was 911 refused? If yes, by whom?	
Comments of what transpired?			
Action taken:			
Witness(es):	Name:	Address:	Phone:
Signatures:	Employee	Supervisor/ Director	Campus Director
	Date:	Date:	Date:

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WTC INJURY REPORT FORM

Today's Date:			
Employee Name:		SSN:	
Nature of Incident:			
Department/Program:		Schedule:	
Date and time of Injury/ Accident:			
Date, time and name of the person the accident was reported to:			
Type of Injury:			
How did the injury occur?:			
Location of incident:			
Was 911 Called?		Was 911 refused? If yes, by whom?	
Were routine duties being performed at the time of the injury?			
If duties were not routine, were they in the scope of the job?			
Was aid administered? If so, by whom?			
Was the injured employee transported somewhere else?			
Were there any unusual circumstances?			
How could this injury have been prevented?			
Action taken:			
Witness(es):	Name:	Address:	Phone:
Signatures:	Employee	Supervisor/ Director	Campus Director
	Date:	Date:	Date:



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