



# West Virginia University Injury/Illness Prevention Program

## I. Program Statement, Purpose, Scope

### A. Program Statement:

West Virginia University (WVU) Injury/Illness Prevention Program is designed to:

1. Track and analyze employee injuries and illnesses, sharps incidents, and serious events or near-misses that might have resulted in personal injury or illness; in accordance with OSHA's Code of Federal Regulations Part 1904.
2. Conduct investigations for serious and repeated incidents and other incidents when feasible.  
Although it is not possible to investigate every incident, EHS staff is available to provide training or assistance to department supervisors or designees conducting their own workplace investigations.
3. Assist WVU Human Resources Medical Management department with the WV Worker's Compensation process.
4. Meet annual regulatory reporting requirements regarding public posting of OSHA 300 log and providing information to the Federal Bureau of Labor Statistics programs.
5. Develop mitigation strategies to reduce the number of workplace injuries and incidents.
6. Identify potential hazards of the workplace.
7. Assess training objectives and recommend specialized training for employees based upon injury illness trends.
8. Provide a pro-active approach to injury and illness by eliminating or controlling recognized hazards in the workplace.

### B. Purpose:

The purpose of the West Virginia University (WVU) Injury/Illness Prevention Program is to prevent losses and ensure reasonable compliance with the intent of Occupational Safety and Health Administration's (OSHA) General Duty Clause.

In order to maintain the safety standards desired by the University, it is necessary to actively pursue an accident prevention. Health and safety are functional responsibilities of each manager and supervisor.

All incidents (accidents resulting in injury or causing illness to WVU employees) and events (near-miss accidents) shall be reported in order to:

1. Establish a written record of factors which cause injuries, illnesses, and occurrences or which might have resulted in injury or illness but did not (near-misses).
2. Maintain a capability to promptly investigate incidents and events in order to initiate and support corrective and/or preventive action.
3. Develop mitigation strategies for hazard correction.
4. Analyze job hazards and develop safe and healthful work practices for specific jobs performed by University employees.
5. Analyze injury illness trends and recommend specialized training for WVU employees.



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6. Provide statistical information for use in analyzing all phases of incidents and events involving WVU personnel.
  7. Support WVU's building/unit safety committees and act as the committee advocate for a reasonably safe and healthy workplace.
  8. Provide documentation as requested.
  9. Track sharp injuries for the medical professionals and other employees at WVU.
- C. Scope:  
The Injury/Illness Program applies to all WVU employees who incur an injury/illness in the course of their employment.

### II. Program Review:

EHS will review the Injury/Illness Program annually or as necessary.

### III. Responsible Parties:

- A. Environmental Health and Safety (EHS)
1. Assign a Injury Illness Prevention Program Administrator.
  2. Maintain a thorough knowledge of OSHA regulation and recordkeeping requirements.
  3. Maintain the 300 Log of Work-Related Injury and Illnesses for OSHA recordable injuries and non-recordable injuries.
  4. Post the OSHA Form 300-A Annual Summary from February 1<sup>st</sup> to April 30<sup>th</sup> each calendar year
  5. Provide the Federal Bureau of Labor Statistics with injury/illness statistics upon request.
  6. Provide Health Sciences campus with Sharps Injury log.
  7. Communicate Injury/Illness Program requirements and updated safe work practices to appropriate departments and University community.
  8. Determine if further investigation is required and then perform the investigation.
  9. Recommend corrective actions for injuries and illness in order to minimize the chance that these instances do not occur again by:
    - a. Conducting incident investigations
    - b. Performing hazard assessment in the work area
    - c. Recommend possible re-training or specialized training
    - d. Participate in counseling employee to ensure safety measures are taken in the future.
  10. Maintain a record of occupational injuries/illnesses on the OSHA Form Log 300, Log of Work-Related Injuries, and 300A, Illnesses and Summary of Work-Related Injuries and Illnesses, as mandated by OSHA.
- B. Department Supervisors
1. Call 9-911 for any employee requiring immediate medical assistance in the event of an injury/illness.



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2. Control or immediately correct dangerous hazards when necessary to protect the safety of others.
3. Complete the WVU Supervisor's Injury /Illness Report Form for each employee injury/illness within 3 days or as soon as employee has notified them of the injury/illness. (West Virginia University Supervisor's Injury/Illness Report Form is found at: [www.http://ehs.wvu.edu/r/download/12878](http://ehs.wvu.edu/r/download/12878) .)
4. Forward the completed WVU Supervisor's Injury/Illness Form to:

Environmental Health and Safety  
Attn: Injury/Illness Prevention Program  
PO Box 6551  
Morgantown, WV 26506-6551

5. Forward a copy of the WVU Supervisor's Injury/Illness Forms to WVU Human Resources-Medical Management Department in the event of a Worker's Compensation claim. (Copies of the appropriate workers compensation forms can be obtained from Human Resources Medical Management,304-293- HURT; or by visiting: <http://medicalmanagement.hr.wvu.edu/r/download/46420>.)
  6. Conduct an incident investigation
  7. Implement any corrective actions, hazard mitigation strategies, or issue personal protective equipment as needed for the employee to continue working in a safe and healthful environment.
- C. Employees and Personnel:
1. Assist the supervisor with completion of WVU Supervisor's Injury/Illness report.
  2. Comply with safe work practices and hazard mitigation strategies.
  3. Notify supervisors of unsafe working conditions.
  4. Notify supervisor that an injury has occurred within 24 hours of the incident.
  5. Report incidents which, strictly by chance, do not result in actual or observable injury, illness, death (Near Miss). The information obtained from such reporting can be extremely useful in identifying and mitigating problems before they result in actual personal injury.  
Examples of near miss incidences required to be reported include, but are not limited to:
    - a. Falling of a compressed gas cylinder
    - b. Overexposures to chemical, biological, or physical agents (not resulting in an immediately observable manifestation of illness or injury)
    - c. Slipping and falling on a wet surface without injury.
  6. Safety concerns that are not directly involved with a reportable injury may be submitted anonymously on-line by using the Hazardous Condition/Near Miss Report at: <http://fisehs.wvu.edu/nearmiss.cfm>

**Call 9-911 for: loss of consciousness, stroke, seizures, heart attack, electric shock, allergic reaction or bleeding and Call EHS @ 304-293-3792 to report.**

<b>For EHS use only</b>	Reclassified <input type="checkbox"/>	<input type="checkbox"/> Privacy Case <input type="checkbox"/> Needlestick <input type="checkbox"/> Body Fluids <input type="checkbox"/> Animal Bite <input type="checkbox"/> Asbestos <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Pharmaceutical/Biohazard WVU Occupational Medicine Health Care Evaluation Recommended Describe on page 2 reason for Evaluation	Serious Injury (Notify within 24 hrs. for hospitalization) Fatality _____ (Notify within 8 hrs.) Near Miss _____ Exposure _____
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**SECTION ONE:**

1. Name of Injured: \_\_\_\_\_ 2. WVU ID No. (700 xx xxxx): \_\_\_\_\_  
 (Last, Suffix) (First) (Middle) **700# REQUIRED for incident to be processed**

3. Gender:  Female  Male 4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Age \_\_\_\_ 5. Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Time of Incident: \_\_\_\_:\_\_\_\_ AM \_\_\_\_:\_\_\_\_ PM \_\_\_\_ during work \_\_\_\_ entering work \_\_\_\_ leaving work \_\_\_\_ lunch/break

7. Campus:  Main  Potomac  WVUIT 8. Department: \_\_\_\_\_ 9. Job Title: \_\_\_\_\_

10. Employment Category: (Check one)  Faculty  Staff  Student Employee  Research Corp  Health Sciences

11. Status:  Fulltime  Part-time  Temporary

12. Length of Employment: \_\_\_\_ years 13. Time in occupation when incident occurred: \_\_\_\_ years

14. Describe Exactly what happened, Include timeline of event and OBJECT or SUBSTANCE that caused harm: *An example would be: slipped on wet floor, exposure to cleaning chemicals, cut with carpet knife. (For informational purposes, please submit detailed information on the attached "Incident Description Statement Form").*

15. Location of Incident include building and room number, state if outdoors : i.e. *Engineering Sciences Bldg., Room G38*

16. Describe the INJURY or ILLNESS and Specific BODY PART(S) affected: *( An example would be: cut on palm of left hand or sprained lower back)*

**Exposure -EHS must receive a completed copy of the "Employee Injury/Incident Report" within 24 hours of the exposure.**

**SECTION TWO:**

17. Was the victim wearing Personal Protective Equipment? (please specify) \_\_\_\_\_

18. Was the employee seen by a physician:  Yes  No 19. Name of Physician: \_\_\_\_\_

20. Location of Treatment: \_\_\_\_\_

21. Was employee in Emergency room?  Yes  No 22. Was employee hospitalized overnight as a patient?  Yes  No

23. Type of Treatment received: (check type)

Set Fracture/broken bone  Treat Infection  Stitches/Sutures  Tetanus Shot  Surgery

Prescription  Physical Therapy ( more than once)  Remove foreign Object from eye

Hearing Loss  Does this issue need reviewed for ADA Concerns  Other-explain on back of form

**Needlestick or Body Fluids – please report to local emergency room immediately (Ruby hospital after 4:30 p.m. and call Occupational Medicine at 304.293.3693 for follow up)** See link to CDC guidelines for Sharps injury treatment at <http://www.cdc.gov/niosh/stopsticks/whattodo.html>

**SECTION THREE:**

24. Total lost work days after the day of incident \_\_\_\_\_ 25. Total days of restricted activity \_\_\_\_\_

26. If employee has not returned to work check here \_\_\_\_\_

27. Does employee wish to file a Worker Compensation Claim?  Yes  No

Employee's Signature \_\_\_\_\_ Print \_\_\_\_\_ Ph. Number \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Reviewer Signature \_\_\_\_\_ Print \_\_\_\_\_ Ph. Number \_\_\_\_\_ Date \_\_\_\_\_

### INCIDENT DESCRIPTION STATEMENT FORM

Supervisor, Injured Employee, and Witness complete a separate Statement Form

Please check appropriate box

- Supervisor                       Employee                       Observer

Name of Injured Employee: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Description of Incident:     **Describe in detail exactly what happened, include: task(s) and procedure(s) being performed, timeline of events, and OBJECT and/or SUBSTANCE that may have been involved.**

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Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_