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.

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 1st to April 30th 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.

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 .)
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

WVU SUPERVISOR'S INJURY/ILLNESS REPORT

For Healthcare sharps /needlestick injuries only:	**For EH&S use only CASE NUMBER :**
Sharps Injury: _____	
Brand/Type or Sharps_____	_____Hearing Loss: _____ Privacy Case: _____
Which Hospital/Clinic/ Lab Location?_____	_____Fatality: _____ Date of Death
Exposure to body fluids _____	**OSHA Recordable ___ YES ___ NO _____Reclassified**

1. Name of Injured: _____ **2. WVU ID No. (700 xx xxxx):** _____
(Last, Suffix) (First) (Middle) Click here to look up WVU ID

3. Gender: ___ **Female** ___**Male** **4. Date of Birth** ___/____/_____ **5.Date of Incident** ___/____/_____

6. Time of Incident: __:___ AM ___:___ PM __during work __entering work __leaving work __lunch/break

7. Campus Department _____ **8. Assignment #** _____ **9. Job Title**_____

10. Employment Category: (Check one) ___Faculty ___Staff _____Student Employee

11. Status: ___Fulltime ___ Part-time ___Temporary _____Non-Employee Student _____Visitor

12 Length of Employment: ____years **13 Time in occupation when incident occurred:** ____years

14. Describe Exactly what happened. Include OBJECT or SUBSTANCE that caused harm: (e.g. slipped on wet floor, exposure to cleaning chemicals, cut with carpet knife…*Use the back of this sheet if necessary*).

15 Location of Incident include building and room number :
(example Engineering Sciences Building , Room G38)

16. Describe the INJURY or ILLNESS and BODY PART(S) affected (e.g. cut on palm of left hand; sprained back.)

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

Other (explain)_____

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 _____(*Please fill out "Employee Return-To-Work Notice")*

27. Was Worker Compensation Filed? _____**Yes** _____**No**

Employee's Signature _____ Date_____

Supervisor's Signature_____Date_____

Reviewer's Signature _____ Date_____

RETURN COMPLETED FORM TO: ***Environmental Health and Safety***
Attn: Injury/Illness Prevention Program
PO Box 6551
Morgantown, WV 26506-6551