



## SAFE.GEN.2.0 WORKPLACE INJURY, ILLNESS, AND INCIDENTS

### PURPOSE

To provide guidance on what to do when an injury, illness or untoward incident occurs at MACL or to an associate while performing responsibilities for MACL.

### SCOPE

This document applies to all MACL associates and facilities.

### POLICY OWNERS

QA and Safety Officer

Vice President, Human Resources and Corporate Communications

### RELATED DOCUMENTS

HR-11 Safety and Security

PCC.PHLEB.6.0 Adverse Reactions and Injuries

SAFE.CARS.2.0 Vehicle Accident Protocol

SAFE.COMP.2.0 OSHA Recording and Reporting

### RELATED FORMS

SAFE.GEN.2.1 Incident Report Form

SAFE.GEN.2.2 Visitor Incident Report Form—Electronic Entry

SAFE.GEN.2.3 Visitor Incident Report Form—Manual Entry

### DEFINITIONS

- A. *Incident* is defined as an event, with or without injury and/or damage that is inconsistent with the routine laboratory operations and patient care.
- B. *Injury* is defined as an event that results in harm or a potential threat to the health of the individuals involved in the incident.
- C. *Contaminated Sharp* means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. For more information refer to OSHA 1910.1030(f)(3) at: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

### INJURIES, ILLNESSES, AND INCIDENTS

- A. Based on the above definition of *incident*, all untoward or unusual events of this nature should be documented and reported. Important to this definition is the understanding that **reports should be made even if injury does not occur.**
- B. The following list of injury types serves only as a guide and is not meant to be comprehensive. Whenever an injury occurs and an associate or visitor is hurt beyond simple paper cuts and minor bumps or bruises, proper medical follow-up may be required.



## WORKPLACE INJURY, ILLNESS, AND INCIDENTS

Needle sticks	Blood borne pathogen exposure	Vehicle accidents
Slips, Trips & Falls	Exposure to infectious agent	Infection
Punctures	Body fluid or chemical splashes	Contusions (Bad bruising)
Cuts (deep)	Burns	Strains & Sprains
Chemical exposure	Carpal tunnel syndrome	Skin disorders
Muscle or bone pain	Crushing injuries	Eye injuries

### C. Injury and/or incident involving an associate

1. If the injury is life threatening, an associate should call 911 or follow the emergency procedure for their facility.
2. Notify your supervisor immediately. If the supervisor is unavailable then contact the manager or director.
3. If an associate sustains an injury while working, they should complete an [Incident Report form](#), make a copy and take the original with them to the nearest designated occupational health center. If a chemical substance is involved, also bring a copy of the MSDS for the substance involved to the occupational health center.
4. If an associate sustains an injury during later evening or night hours, the associate should report to their designated after hours occupational health location (e.g., Community Occupational Health on Clearvista Drive in Indianapolis is open 24 hours). If an associate works at a location outside the Indianapolis metro area, you should report to your hospital facility's Emergency Department. A completed Incident Report form and MSDS, if necessary, should go with the associate.
5. The associate's supervisor should review the [Incident Report form](#) for completeness and sign. A copy of the completed form should be retained by the supervisor and a copy should be forwarded to Human Resources and the Safety Officer.
5. If a supervisor is unsure whether an associate should go to an occupational health center for treatment, they should contact Human Resources directly. If after hours, contact the Vice-President of Human Resources and Corporate Communications through CRC.
6. If an associate chooses to decline occupational health follow-up for an injury they sustain while at work, their choice is to be documented on the [Incident Report form](#).
7. Any MACL associate involved in a motor vehicle accident must follow the alternative instructions provided in their vehicle accident packets. See [SAFE.CARS.2.0 Vehicle Accident Protocol](#).
8. See Completing the Incident Report Form below for specific instructions.

If a chemical substance is involved, bring a copy of the MSDS for the substance and [Incident Report Form](#) with you when you go for treatment.

### D. Injury and/or incident involving a patient or visitor

1. If the injury is serious or life threatening, call 911 or follow the emergency procedure for the hospital facility in which you are based.
2. For patients, PCC associates should follow PCC.PHLEB.6.0 *Adverse Reactions for Patients*.
3. For other visitors who do not need emergency care, supply them with what is required to administer any basic first aid and refer them to their physician for medical review.



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4. Complete a [Visitor Incident Report](#) form and give to your supervisor.
  5. Supervisors forward completed [Visitor Incident Report](#) forms to the Safety Officer.
- E. Completing the [Incident Report](#) form
1. Complete sections 1-4 of the [Incident Report Form](#) and sign it. Make a copy of the signed form for your supervisor
  2. Special injuries or incidents will require additional information such as:
    - a. If a **vehicle accident** was involved, also complete a [Supplemental Vehicle Accident Report](#).
    - b. If a **hazardous substance** was spilled, estimate the *amount spilled*, give the *chemical name*, the *name of the spill kit* used, the *types of PPE* used for cleanup, and any other actions taken (i.e. evacuated personnel, called 911, decontaminated using eye-wash station or shower, etc.).
  3. If the incident involves a stick or puncture with a **contaminated needle (or sharp)** you need to refer to MACL safety policy [SAFE.BIOHAZ.2.0Bloodborne Pathogen Exposure Protocol](#). Here are a few things you should do when exposed to a contaminated sharps:
    - a. Document the route(s) of exposure, and the circumstances surrounding the exposure
    - b. Identify the source individual unless unknown or infeasible
    - c. Have blood drawn at an occupational health site and tested for HBV and HIV serological status
    - d. Receive post-exposure prophylaxis, when medically indicated, as recommended by occupational health.
  4. Supervisors or designee must:
    - a. Check the form for completion (sections 1-4)
    - b. Clarify any missing or vague details
    - c. Sign the form
    - d. Forward completed copies of the [Incident Report form](#) to Human Resources and the Safety Officer within **1 working day** after returning to work after the incident.
- F. Review of Injuries and Incidents
1. Department Supervisors review all incident reports generated within their departments. Supervisors are responsible for evaluating these reports and assessing the need for corrective action (e.g., retraining, reworking of processes).
  2. All incident report data will be summarized by the Safety Officer and submitted to the Safety Committee.
  3. The Safety Committee will monitor injuries and incidents for trends and make recommendations for remedial actions in accordance with local, state, and federal regulations and guidelines.
  4. The MACL Safety Officer or designee will record all OSHA recordable injuries or illnesses on the monthly OSHA Log and complete an OSHA Form 300 annually.
  5. An OSHA Injury Summary and a Lost Time report will be completed by the MACL Safety Officer or designee at least annually. Relevant information will be incorporated into the QA quarterly report and sent to the Supervisors and Medical Directors (through QART).