

**University of Illinois at Urbana-Champaign**  
**ACCIDENT PREVENTION AND INJURY MANAGEMENT PLAN**

Last Updated 2013

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### **1. Purpose and Scope**

- a. The University of Illinois is committed to creating, promoting, and maintaining a safe and healthy workplace for faculty, staff, and student employees. We achieve this collectively and individually by complying with federal, state and local safety laws and regulations; providing the proper equipment, tools, and guidance to protect workers from hazards associated with their work; and promoting individual and institutional leadership in matters pertaining to safety and health while preserving academic freedom in research and education.
- b. Some of the key elements that form the cornerstones of incident prevention include: professionalism, workplace safety evaluation, project and task planning, written standard procedures, job orientation and training, supervisor involvement, and learning from mistakes. General guidance is given below for achieving some of these elements. It is the responsibility of individual Campus units to tailor and apply them to their specific setting.
- c. When workplace injuries do occur despite prevention efforts, it is important to minimize their impact and cost to the individual, the sponsoring department, and the University. This plan outlines procedures and processes that can and should be used to help reduce the incidence and severity of injuries. The plan also includes an accident investigation protocol which can be used to identify and understand causal factors of accidents, and a process for managing injured workers so that further injury does not result after an injured employee returns to work.

- d. An overview of the injury management process is given in Appendix 1 – Injury Reporting and Management. This flowchart outlines the steps that workers and managers should follow in the event of an injury.
- e. The Division of Safety and Compliance (265-9828 or e-mail [oshs@illinois.edu](mailto:oshs@illinois.edu)) is available to support Campus units in establishing and maintaining injury prevention and management programs.

## **2. Supervisor and Manager Responsibilities**

- a. In order to achieve significant and lasting improvements in injury and cost reduction, managers and supervisors must take an active role in the process. Departmental procedures should provide training and support to assist managers in the following aspects:
  - i. Understanding and implementing safe work practices.
  - ii. Active involvement in evaluating causes of accidents and injuries.
  - iii. Participation in the injury recovery process to aid in healing and avoid recurrence.
  - iv. Communication of safety goals and expectations to the work force.
  - v. Soliciting feedback from workers and involving them in planning jobs, identifying hazards, and making improvements.
- b. Participation in the injury management process is an essential part of the duties of managers and supervisors. For maximum effectiveness, departments may consider reinforcing this accountability by including it as an element in performance appraisals.
- c. Managers and supervisors should encourage employee participation in developing annual goals for improvement of the unit safety culture. Employees should also be encouraged to assist in injury reduction and prevention activities through the use of personal protective equipment, use of proper equipment for a job, asking questions when confronted with an unsafe situation, making safety improvement suggestions, and incorporating safety guidelines and procedures into daily activities.

## **3. Work Assignments**

- a. For jobs with physical or technical demands that cannot be safely performed by all members of the general work pool, new-hire candidates should be specifically advised of job demands during the pre-assignment screening process.
- b. Work-assignment officials should discuss these demands with candidates in detail before assigning work, and should then ensure that only those

candidates who can safely perform the designated tasks are assigned to the jobs.

#### 4. Accident Reporting

- a. See the flowchart in Appendix 1 – Injury Reporting and Management for an overview of the response to an injury. It is crucial to the whole process of injury response and worker compensation that injuries be reported in a timely manner. Red flag events (fatalities, hospitalizations, fractures, 3 or more persons injured in the same event, 3<sup>rd</sup> degree burns, or near-misses) require immediate notification to senior managers and Safety and Compliance (265-9828), who will notify the Illinois Department of Labor, as required by State law.
- b. Faculty and staff who are injured at work must complete the First Report of Injury/Illness (Appendix 2 – First Report of Injury/Illness) within 24 hours of the injury. The employee’s supervisor must submit the Supervisor Addendum (Appendix 3 – Supervisor Addendum) within 24 hours after receiving the injury report from the employee. This form is the formal start of the worker’s compensation process, but it must be completed for all workplace injuries, even if the worker does not file a worker’s compensation claim. The injury reporting forms are produced and maintained by the Office of Business and Financial Services (OBFS) Division of Claims Management.
- c. It is important to realize that this form provides information to worker compensation officials who are not familiar with the work situation, so persons providing information about an incident should be clear and thorough. The supervisor input should provide details and clarifications that are not present in the employee section. Elaborate on the nature and circumstances of the injury, exact body parts injured (left or right, etc); include details on location and causes, personal protection that was or was not used, and preventive measures that would prevent this type of injury from happening in the future. **Both the employee and the supervisor must completely fill in their portions of the forms**, because all of the information is necessary for understanding the details of the incident. Failure to properly fill out the forms could cause delays in processing for benefits. Employees should submit the forms to their supervisor, who will complete the supervisor section and forward both forms to the addresses listed on the form.
- d. OBFS Claims Management can provide training to campus units on proper submission of injury reporting forms.

#### 5. Formal Accident Investigation

- a. For accidents which result in significant injuries or for which corrective actions need to be taken, more information will be needed by departmental

decision-makers beyond the First Report of Injury/Illness form. This additional information may include:

- i. **Injury Impact.** Will the injury impact the injured employee's ability to return to work?
  - ii. **Lost Workdays.** Will the employee be off work for a period of days or weeks?
  - iii. **Return to Work Status.** Will an injury management plan be needed to aid in safely returning the employee back to work (see Reassignment and Restriction below)?
  - iv. **Prevention.** Will significant workplace or process improvements be needed to prevent recurrence of similar incidents?
  - v. **Additional Details.** Are there details or questions about the incident that remain unanswered and are likely to impact any of the above?
- b. If any of these questions can be answered "yes" an accident investigation should be conducted. This investigation is a formal process, and the results of the investigation should be documented so that the outcome is clearly understood and communicated to all who need to know. Appendix 4 – Accident Investigation Report will be used to collect and record the results of the investigation.
- c. The members of the accident investigation team may vary depending on the extent of inquiry that is necessary. Normally the following people will be involved, either in conducting the investigation or in reviewing the outcome and taking actions:
- i. The direct supervisor of the injured or involved employee(s).
  - ii. The management chain above the supervisor, including final review by the Department Head or Director. In the case of more serious incidents the Department Head or Director should inform the Dean or Executive Director of developments.
  - iii. A safety professional from the Division of Safety and Compliance.
  - iv. Department or College Human Resources representative(s).
  - v. The staff of Claims Management can be a valuable resource to assist with injury management and return to work for lost-time injuries, or those injuries which need special attention or accommodation during recovery.

## **6. Temporary Transitional Work Program**

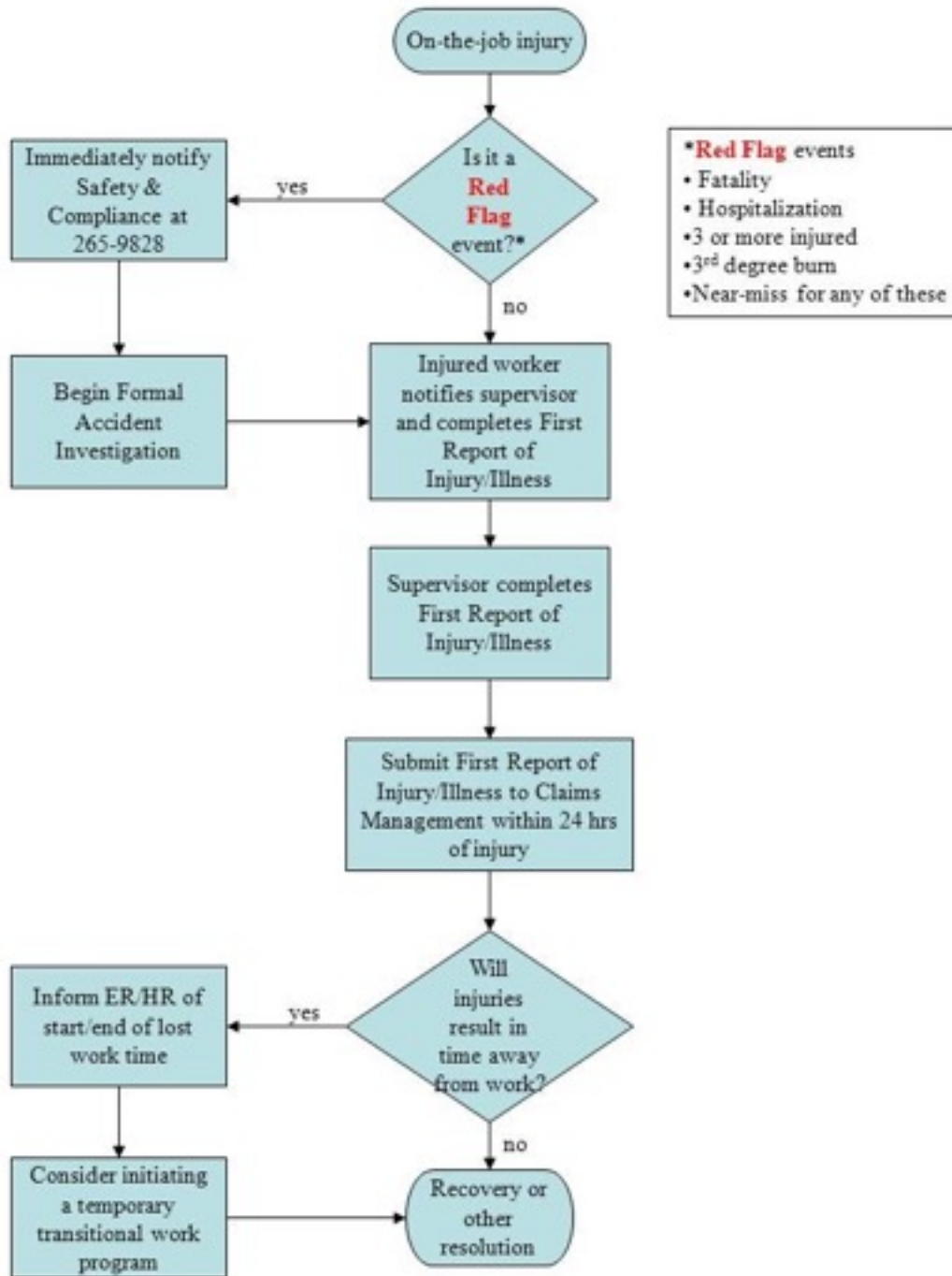
- a. When injuries are serious enough that the worker cannot immediately return to work or must change normal work practices to avoid re-injury during the recovery period, the Temporary Transitional Work Program is invoked. The University Office of Business and Financial Services Division of Risk Management/Claims Management sponsors the Temporary Transitional Work Program.
- b. The main goal of the Temporary Transitional Work Program is to monitor serious workplace injuries through recovery and return to work, ensuring that the injured worker has appropriate medical care and on-the-job assistance to heal as soon as possible without re-injury. The program transitions the injured worker through a series of pre-determined phases of limited but progressively more demanding work. This is a team process involving the injured worker, the worker's supervisor and/or manager, an Occupational Health Nurse, and in some cases a safety professional from the Division of Safety and Compliance. It is the worker's direct manager who must remain central to the flow of information. Consultation with treating medical professionals is usually helpful as well. The Occupational Health Nurse will assist in developing the return-to-work plan and assisting the worker and supervisor in carrying it to completion.
- c. In cases of lost-workday injuries, the injured worker's manager must maintain contact with the worker while the injured worker is off work. The manager must set rules for when the worker will report in, and when the injured worker will report back to work. Managers should contact Human Resources for assistance.

## **7. Incentives and Progressive Discipline**

- a. The most effective way to focus worker attention on safety and injury reduction is through positive reinforcement and proactive safe work practices. Department Heads and managers should consider implementing some of the following actions as occasions arise. Variety gains attention, so different actions should be taken over time.
  - i. Employee involvement in safety committees and other action groups, such as the unit safety committee.
  - ii. Posting and discussion of unit safety statistics.
  - iii. Recognizing safe performance. These can be low- or no-cost, such as posting "Safe Unit" banners or posters; or they can be purchased incentives, such as lunches or novelty items.
- b. Workers who are injured on the job may never be chastised, disciplined, or otherwise discriminated against for their injury. However, there are occasions where willful misconduct, gross negligence, patterns of carelessness, or abuse of the Worker's Compensation system is involved or suspected. In such cases, a formal investigation may be conducted to

determine the facts, collect documentation, and initiate discipline as appropriate. This process will involve a team similar to the accident investigation team; a Human Resources representative is required. All results and outcomes must be fully documented, as they will become legal records.

## Appendix 1 – Injury Reporting and Management





Appendix 2 – First Report of Injury/Illness



**UNIVERSITY OF ILLINOIS**

**First Report of Injury/Illness**

(To be completed within 24 hours of incident by employee)

**EMPLOYEE INFORMATION** (\* Federal Government/University Required Information)

Name \_\_\_\_\_ UIN # \_\_\_\_\_  
 Street \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Birth date \_\_\_\_\_ Sex: **M / F** Marital Status: **S / M / Sep / W / D** # Children under the age of 18 \_\_\_\_\_  
 \*Applied for or been denied Social Security Disability Insurance (SSDI)?  Yes  No If **yes**, when \_\_\_\_\_  
 \*Applied for or been denied SURS benefits?  Yes  No If **yes**, when \_\_\_\_\_  
 \*Currently on Medicare?  Yes  No Job Classification:  Academic Professional  Faculty  Staff  Student  Extra Help  
 Date of hire \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_  
 # Years in current job \_\_\_\_\_ Previous job title \_\_\_\_\_ # Years in previous job \_\_\_\_\_  
 Work days scheduled per week: **M T W R F S S** Work hours \_\_\_\_\_am \_\_\_\_\_pm to \_\_\_\_\_am \_\_\_\_\_pm Hours per week \_\_\_\_\_  
 (circle all that apply)

**EMPLOYEE'S REPORT OF INJURY/ILLNESS** (Attach additional sheets as needed)

Date of Injury/Illness \_\_\_\_\_ Time \_\_\_\_\_am \_\_\_\_\_pm Day of week \_\_\_\_\_  
 Date Reported \_\_\_\_\_ To \_\_\_\_\_  
 Exact location where accident occurred \_\_\_\_\_  
 If on U of I property, include name of building / address / room # \_\_\_\_\_  
 Amount of training on the job prior to incident \_\_\_\_\_  
 Working overtime when accident happened?  Yes  No  
 Do you have a second job?  Yes  No If **yes**, where \_\_\_\_\_  
 Body part injured \_\_\_\_\_ Type of injury /illness \_\_\_\_\_  
 Describe in detail what happened \_\_\_\_\_  
 \_\_\_\_\_  
 Recommendation for prevention \_\_\_\_\_  
 Witnesses (list names and phone numbers) \_\_\_\_\_  
 Did you receive medical treatment?  Yes  No If **yes**, where? \_\_\_\_\_  
 Have you been placed out of work over 3 days?  Yes  No If **yes**, last day worked \_\_\_\_\_  
 Is this a recurrence or aggravation of a previously reported injury / illness?  Yes  No If **yes**, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 Number of incidents in past 3 years \_\_\_\_\_

**EMPLOYEE AUTHORIZATION**

I attest that the above information is true and correct. I authorize my treating medical provider to release appropriate medical information to the University of Illinois Office of Workers' Compensation and Claims Management ("U of I") in order to determine compensability of my claim. I understand that pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), a covered entity may disclose protected health information as authorized by laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illnesses without regard to fault. I understand that the medical information relating to my workers' compensation claim and received by U of I and its legal representatives does not constitute protected health information. I understand that without the first report of injury/illness and pertinent medical information my claim may be denied. I further understand it is unlawful to present a fraudulent claim for workers' compensation benefits and doing so may result in disciplinary action.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_  
 (Rev. 11/09)

Appendix 3 – Supervisor Addendum



**UNIVERSITY OF ILLINOIS**  
**First Report of Injury/Illness**  
 (To be completed within 24 hours of incident by supervisor)

Employee's name \_\_\_\_\_ UIN # \_\_\_\_\_  
 Employee's department \_\_\_\_\_ Job title \_\_\_\_\_  
 Supervisor's name \_\_\_\_\_ Supervisor's phone # \_\_\_\_\_ Campus location \_\_\_\_\_  
 Is employee on university payroll?  Yes  No Wage account paid from on date of accident \_\_\_\_\_  
 Is employee currently working?  Yes  No If no, last day worked \_\_\_\_\_  
 Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Time began work \_\_\_\_\_ Time stopped work \_\_\_\_\_  
 Date employee reported incident \_\_\_\_\_ Incident location (street, bldg, room) \_\_\_\_\_  
 Witnesses to incident (include phone #) \_\_\_\_\_  
 What activity was the employee doing just before the incident occurred? (attach additional sheets as needed) \_\_\_\_\_

What happened? (explain in detail how the incident occurred, attach additional sheets as needed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What object or substance directly harmed the employee? \_\_\_\_\_  
 \_\_\_\_\_

**Body part(s) affected. (Check all that apply)**

- |   |   |  |  |
|---|---|--|--|
| Abdomen <input type="checkbox"/>                            | Elbow <input type="checkbox"/> R <input type="checkbox"/> L | Hand <input type="checkbox"/> R <input type="checkbox"/> L | Neck <input type="checkbox"/>                                  |
| Ankle <input type="checkbox"/> R <input type="checkbox"/> L | Eye <input type="checkbox"/> R <input type="checkbox"/> L   | Head <input type="checkbox"/>                              | Shoulder <input type="checkbox"/> R <input type="checkbox"/> L |
| Arm <input type="checkbox"/> R <input type="checkbox"/> L   | Face <input type="checkbox"/>                               | Hip <input type="checkbox"/> R <input type="checkbox"/> L  | Toes <input type="checkbox"/>                                  |
| Back <input type="checkbox"/>                               | Finger <input type="checkbox"/>                             | Knee <input type="checkbox"/> R <input type="checkbox"/> L | Wrist <input type="checkbox"/>                                 |
| Chest <input type="checkbox"/>                              | Foot <input type="checkbox"/> R <input type="checkbox"/> L  | Leg <input type="checkbox"/> R <input type="checkbox"/> L  | Other _____  |
| Ear <input type="checkbox"/> R <input type="checkbox"/> L   | Groin <input type="checkbox"/>                              | Lungs <input type="checkbox"/>                             |  |

**Type of injury: (Check all that apply)**

- |                                       |                                       |  |             |
|---------------------------------------|---------------------------------------|--|-------------|
| Absorption <input type="checkbox"/>   | Fracture <input type="checkbox"/>     | Laceration <input type="checkbox"/>      | Other _____ |
| Amputation <input type="checkbox"/>   | Inflammation <input type="checkbox"/> | Over-exertion <input type="checkbox"/>   |             |
| Bruise <input type="checkbox"/>       | Ingestion <input type="checkbox"/>    | Over-exposure <input type="checkbox"/>   |             |
| Burn <input type="checkbox"/>         | Inhalation <input type="checkbox"/>   | Puncture <input type="checkbox"/>        |             |
| Foreign body <input type="checkbox"/> | Irritation <input type="checkbox"/>   | Strain / Sprain <input type="checkbox"/> |             |

**Type of event: (Check all that apply)**

- |  |   |  |
|--|---|--|
| Body Motion / Body Position <input type="checkbox"/> | Fall on same level <input type="checkbox"/>         | Temperature extreme <input type="checkbox"/> |
| Caught in / under / between <input type="checkbox"/> | Repetitive motion <input type="checkbox"/>          | Vehicular Accident <input type="checkbox"/>  |
| Electrical contact <input type="checkbox"/>          | Slip / twist <input type="checkbox"/>               | Unknown <input type="checkbox"/>             |
| Explosion <input type="checkbox"/>                   | Slip / trip / fall <input type="checkbox"/>         | Other _____                                  |
| Fall from elevation <input type="checkbox"/>         | Struck by / struck against <input type="checkbox"/> |  |

Where was the employee referred for medical care? \_\_\_\_\_  
 Drug screen performed?  Yes  No      Breath alcohol test performed?  Yes  No

**Contributing conditions:**

- Duties or tasks not clear
- Equipment or tool defect / failure
- Equipment or tool unavailable
- Ergonomic factors
- Lighting/ temperature / ventilation
- Procedure lacking or unclear
- Training lacking or incomplete
- Work area set-up / arrangement
- Unrecognized hazard
- Other: \_\_\_\_\_

**Contributing behaviors:**

- Assistive device not used
- Failure to get assistance
- Improper tool / equipment used
- Inattention to task
- Lack of communication
- Procedure not followed
- Protective equipment not worn
- Rushing or hurried
- Safety features of devices bypassed
- Unbalanced or poor position or motion
- Other: \_\_\_\_\_

**Preventive Action Supervisor will:**

- Develop / revise safety procedures
- Maintain good housekeeping
- Maintain tools / equipment
- Post safety signs
- Perform job hazard analysis
- Provide protective equipment
- Remove defective equipment
- Schedule safety training
- Other: \_\_\_\_\_

What could the employee have done to avoid the injury? (attach additional sheets as needed) \_\_\_\_\_

\_\_\_\_\_

List any other actions that will be taken or control measures that will be put in place to prevent recurrence (attach additional sheets as needed) \_\_\_\_\_

\_\_\_\_\_

Was disciplinary action issued for an unsafe act? Yes No If **yes**, explain (attach additional sheets as needed)

Are you concerned about the validity of this claim? Yes No If **yes**, explain (attach additional sheets as needed)

\_\_\_\_\_

\_\_\_\_\_

**Temporary Transitional / Modified Work** - on a temporary basis, allows the injured worker the opportunity to engage in meaningful, appropriate work duties based on medical limitations.

Department will provide transitional /modified work: Yes No

Please explain answer \_\_\_\_\_

Department requests assistance in designing transitional /modified work: Yes No

Please explain assistance needed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature / Date

(Rev. 11/09)

**Appendix 4 – Accident Investigation Report**

Date of Accident/Injury: \_\_\_\_\_ Employee(s) Involved: \_\_\_\_\_

Location: \_\_\_\_\_ Description: \_\_\_\_\_

Department/Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Person completing report: \_\_\_\_\_ Phone: \_\_\_\_\_

**INCIDENT ~ Check Applicable Outcome, Type, and Severity.**

Outcome	Type	Severity
Injury, Illness	Machinery/Tools	Equipment Failure
Contamination/Spill	Ergonomic	Slip/Fall
Equipment Damage	Gas/Vapor Release	Burn
Close Call (Near Miss)	Chemical Spill	Other:
	Fire/ Explosion	First Aid
		Medical Aid
		Restricted Work
		Lost Time
		Transfer
		Illness

Nature of Injury/Illness: \_\_\_\_\_

Body part(s) injured: \_\_\_\_\_

**ANALYSIS:**

**Basic, Direct & Indirect Accident Causes:** *Policy and decisions, personal factors, environmental factors, unsafe act, unsafe condition, unplanned energy release, hazardous material, etc.*

What caused the accident?

Describe **unsafe practices** (if any):

Describe **unsafe equipment** (if any):

Describe **unsafe conditions** (if any):

Was protective equipment required?..... Yes No  
 Was protective equipment used?..... Yes No  
 Should protective equipment be required?.. Yes No Explain:

**CONTROLS:**

List the corrective actions to be taken to prevent a recurrence?

List recommended changes:

**COMMENTS:**

Signature of person completing report:\_\_\_\_\_

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

Department: \_\_\_\_\_

**ATTACHMENTS:**

Employee's Injury Report

Photos:

Other (List):

## Appendix 5 – Sample Department Injury Management Plan (Outline)

- 1. Purpose**
- 2. Responsibilities**
- 3. Department Procedures and Policies**
  - a. Location and list of policies and procedures
  - b. Dissemination [how staff and students are made aware]
  - c. Training [how and when training is conducted on awareness and specifics of policies and procedures]
  - d. Updating [how and when policies and procedures are revised and updated]
4. [Departmental specifics on elements of this plan – such as members of safety committees, how injury reports are submitted and internally reviewed, conducting investigations, etc]
- 5. Resources** [list offices who assist in promoting workplace safety]
  - a. Department ER/HR
  - b. OBFS Claims Management
  - c. Division of Safety and Compliance
  - d. Division of Research Safety
  - e. Division of Animal Resources
  - f. Other