MASON TRANSIT AUTHORITY	Title: Number: Effective: Cancels:	Accident Reporting and Investigation 600 June 18, 2019 June 1, 2014
	Prepared by: Approved by:	LeeAnn McNulty, Administrative Services Manager Authority Board Resolution No. 2019-14

## POL-600 ACCIDENT REPORTING AND INVESTIGATION

This policy applies to all Mason Transit Authority (MTA) employees. This policy does not apply to vehicle accidents.

#### 1.0 Purpose

This policy provides guidelines for accident reporting resulting from workplace injuries, and in the investigation of all such accidents, including corrective measures to prevent reoccurrences.

All employees of MTA share the responsibility for maintaining safety by practicing good safety habits and by avoiding carelessness. Any real or potential safety hazard for environmental health hazard should be reported immediately to the employee's Supervisor who, in turn, will contact the Administrative Services Manager.

The Supervisor, Team Manager and Administrative Services Manager will investigate all work-related accidents involving employees or company property to develop preventative measures and implement corrective actions.

#### 2.0 Insurance Coverage

MTA employees are covered by Workers' Compensation insurance. Under Workers' Compensation laws, employees receive payment on their behalf for required medical expenses and lost time due to injuries that occur on the job. Failure to submit an On-the-Job Injury Form promptly may result in loss of payment, or delayed payment, of Workers' Compensation benefits.

#### 3.0 Employee's Responsibility

First and foremost, notify a Supervisor or Manager and determine if medical attention is necessary beyond first aid. If medical attention is necessary, call 9-911. Employee will inform the physician or medical personnel that the injury is work related and request a Return-to-Work Authorization from the attending physician or medical personnel. When able, complete the Employee On-the-Job Injury Form and forward to immediate Supervisor or Manager.

#### 4.0 Supervisor's or Manager's Responsibility

Supervisors or Managers are required to complete the Supervisor On-the-job Injury Form and forward all On-the-Job Injury Forms to the Administrative Services Manager.

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# 5.0 Administrative Services Reporting

- Administrative Services Manager will promptly complete an Employer's Report of Accident to Labor & Industries.
- Administrative Services Manager will determine if employee is suitable for a Transitional Work Assignment.
- Administrative Services Manager will report to Labor & Industries within eight (8) hours a death, probable death, or in-patient hospitalization and within twenty four (24 hours) for any non-hospitalized amputation or loss of eye due to an on-the-job injury by calling 1-800-423-7233.

# 6.0 Physician's Responsibility

The physician is responsible for:

- Determining a treatment plan;
- Filing the claim with the Department of Labor & Industries;
- Working with the employee and Administrative Services Manager to determine if employee is suitable for a Transitional Work Assignment.

# 7.0 Accident Investigation

The Supervisor, Team Manager and Administrative Services Manager will be responsible for conducting investigations of accidents that occur in their areas or that affect employees under their supervision. Upon notification of an accident, the responsible Supervisor(s) or Manager will begin investigation to determine the following:

- How the accident or incident occurred;
- Special circumstances involved;
- Underlying, indirect, or associated causes; and
- Corrective actions or preventative measures and controls.

Accidents and incidents involving situations where multiple Supervisors or Managers are affected (an employee of one team injured in another) will be investigated jointly. The Supervisor or Manager of the area where the incident occurred will be in charge of, and be held accountable for, the investigation.

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## 8.0 Documentation

All activities and findings of the investigations will be documented and recorded for review. Utilizing the Employee/Supervisor On-the-Job Injury Reports, Worker Report of Accident Report of Accident, and Employer Report of Accident the investigation documentation will record at a minimum the following as required by the Department of Labor & Industries:

- The name, address, date of birth, sex, wage, length of service, social security number, and occupation of the employee;
- The reported cause and nature of the injury, the part of the body affected, and a description of any equipment involved;
- The date, time, and location where the injury occurred;
- The name of the responding Supervisor;
- The names of any witnesses (if known);
- The name and address of the treating health care provider, if known; and
- Any voluntary benefits paid by the employer.