

Procedure Title: Injury/Illness Reports
Procedure Number: 01-2006-0018
Board Policy Reference: IV.A. General Executive Direction
NWCCU Standard:

Accountable Administrator: Chief Human Resources Officer
Position responsible for updating: Chief Human Resources Officer
Original Date: 02-14-06
Date Approved by Cabinet: 09-30-08
Authorized Signature: *Signed original on file*
Dated: 10-01-08
Date Posted on Web: 07-21-09
Revised: 08-08
Reviewed: 07-13

Purpose/Principle/Definitions:

All injuries/illnesses occurring on college premises, in college vehicles, at a college-sponsored activity, or involving staff members who may be elsewhere on college business will be reported by the employee immediately to a supervisor. The employee will complete an incident report submit it within 24 hours to the associate vice president, human resources, who serves as the college safety officer. Reports will cover property damage as well as personal injury.

In the event of a work-related¹ illness or injury to an employee resulting in overnight hospitalization for medical treatment² other than first aid, the safety officer shall inform the Oregon Occupational Safety and Health Division (OR-OSHA). The safety officer will submit a report to OR-OSHA within 24 hours after notification to the college of an illness or injury. Fatalities or catastrophes³ shall be reported by the supervisor within eight hours.

The Chief Human Resources Officer will promptly investigate **ALL** injuries/illnesses with the assistance of the Safety Committee and any other units of the college as necessary. As a result of the investigation, the college will take any corrective measures needed.

¹An injury or illness is work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition.

²Medical treatment includes managing or caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatment: visits to a doctor or health care professional solely for observation or counseling; diagnostic procedures including administering prescription medications used solely for diagnostic purposes; and any procedure that can be labeled first aid.

³A catastrophe is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility.

Records will be maintained within the Office of Human Resources. Human Resources will analyze the data and trends and share the results with the Safety Committee at least two times each year.

Human Resources will report to the BMCC Board of Education all serious injuries/illnesses, including accidents involving district property or employees, students, or the visiting public, and will provide periodic statistical reports on the number and types of injuries/illnesses occurring in the college, as well as on the measures being taken to prevent such injuries/illnesses in the future.

Special Forms: Incident Report Form

Legal References:

[OAR 437-001-0015](#)
[OAR 437-001-0052](#)
[OAR 437-001-0053](#)
[OAR 437-001-0700](#)
[OAR 437-001-0760](#)
[OAR 437-002-0140](#)
[OAR 437-002-0144](#)
[OAR 437-002-0145](#)
[OAR 437-002-0360](#)
[OAR 437-002-0377](#)
[OAR 581-022-1420](#)

BLUE MOUNTAIN COMMUNITY COLLEGE INCIDENT REPORT FORM

To be completed by College staff or any person directly involved, injured or witnessing an incident. Sections 1, 2, and 7 must be completed for all incidents. Section 3, 4, 5 and 6 should only be filled out if these sections are appropriate to the incident.

COMPLETED FORMS SHOULD BE DELIVERED TO THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY – Morrow Hall Room 124

SECTION 1:

Date of incident: _____ Time of incident: _____ (AM:PM)

Location of incident: _____

Name of person reporting incident: _____

Home address: _____

Campus Phone: _____ Home Phone: _____

SECTION 2:

Describe the incident in detail (Use Backside or additional paper if more room is needed)

SECTION 3: (To be completed if an injury occurred)

Name of injured party: _____

Home address: _____

Campus Phone: _____ Home Phone: _____

Employee? _____ Yes _____ No _____

Enrolled Student? _____ Yes _____ No _____

Accident Occurred during: _____ Employment _____ Class _____ Field Trip _____

Other (Please Describe) _____

Section 3: (Cont'd.)

Describe the injury (body part/ type of injury):

Is a previous injury/condition a contributing factor? Yes No

If yes, explain:

Treatment required on the scene (Circle all that apply)

First aid

Emergency transport

No transport

Hospital

Identify Cause if any? (e.g. rule violation, work habit, unsafe procedure, unknown, etc.)

SECTION 4: (To be completed if theft/burglary/damage to college property)

Describe what was damaged or stolen:

Were doors and windows locked? (If appropriate, explain)

Yes

No

If college equipment was lost or damaged, provide the following information for each item:

Bldg.Room

Equipment

Serial #

Replacement value

What was the estimated dollar loss?

How was estimate made?

SECTION 5: (To be completed if any Police or Fire Depts. were notified)

Police notified? Yes No Date _____ Time _____

Name of Responding Officer: _____

Anyone else notified? Yes No

Name of agency and individuals notified: _____

SECTION 6: Witnesses (Please use back side or additional paper if more room needed)

Name _____ Home Address _____ Home Phone _____

SECTION 7: (Must be signed by individual completing form)

Signature _____ Date _____

Signature _____ Date _____

HUMAN RESOURCES USE ONLY

SECTION 8:

What corrective action was taken, or is planned, to prevent similar incidents from occurring in the future?
