



March 8, 2022

To: District Managers
From: Office of Human Resources
Re: Incident Investigation Policy

The Injury and Illness Prevention Standard requires that employers implement a method of investigating a workplace injury or accident. Following an injury, the employer must gather information and make a determination of causes, maintaining a file of the investigation. Please note the attached form does not take the place of a Workers' Compensation claim packet. In the event an employee requires medical attention, after informing their immediate Supervisor of their injury, have them contact the Company Nurse: at 1-877-518-6702. This will then ensure a report is forwarded to Mayra Dueñas, HRA at either (530) 741- 9765 or via email at mduenas@yccd.edu.

Employees are responsible to report incidents/accidents immediately to their Supervisor and, if after hours, and the Supervisor is not available, report the injury/accident to the Company Nurse and YCCD Police Department if needed. Supervisors will investigate incidents, near-miss incidents and injuries to identify the casual factors or hazards immediately and use the attached form to document the investigation. In the event of a serious incident, Maintenance and Operations staff will assist with the investigation, contacting outside experts if needed. Appropriate repairs or procedural changes will be implemented promptly to mitigate the noted hazard.

For those injuries that require hospitalization for a period in excess of twenty-four (24) hours, the Vice Chancellor's office will contact Cal/OSHA within eight (8) hours. All workplace injuries or exposures to hazardous substances must be reported to the Office of Human Resources within twenty-four (24) hours after the incident becomes known to the Supervisor.



Quick Reference Guide

Incident/Accident Investigation

This quick reference guide is information for Supervisors and Managers to use while investigating work-related incidents and accidents. Remember that prior to investigating an incident; employees should be trained to report accidents to Supervisors, no matter how minor it may be. "Near-incidents" should also be reported and investigated by Supervisors and forwarded to Risk Management. Please follow these 4 easy steps when investigating work-related incident:

Step 1:

- A. Act at once. Talk with the injured employee immediately, if possible (one-on-one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the incident/accident happened.
- B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as lack of properly soled shoes or safety shoes, eye, hand or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident; including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.
- C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgment, and disobeying rules.
- D. Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent similar incidents in the future. Report any defective equipment to the person responsible.
- E. Non-injury incidents (an incident that nearly caused an injury of any severity) should also be investigated and reported.

Step 2 Complete the YCCD Incident/ Accident Investigation Report form attached within 24 hours. Describe how the incident occurred; state facts, contributing



factors, site witnesses, and support evidence. Keep a copy for your records, sending the original form to Mayra Dueñas at the District Office.

Step 3 Contact Mayra Dueñas at 530 741-8765 or via email at mduenas@yccd.edu for additional instructions.

Step 4 Follow up with employee to find out if they are doing well. In addition, ensure contributing factors to the incident, if any fixed (work orders submitted), and all exposed employees are aware of the contributing causes of the incident.

YUBA COMMUNITY COLLEGE DISTRICT INCIDENT/ACCIDENT INVESTIGATION REPORT
TO BE COMPLETED BY THE
SUPERVISOR

NAME OF INJURED: _____

LAST FIRST MIDDLE

ADDRESS: _____ **TELEPHONE** _____

STREET CITY STATE ZIP

JOB TITLE: _____ **SEX** _____ **DATE OF BIRTH** _____

INSTRUCTOR/SUPERVISOR NAME: _____

PERSON INVOLVED IS: STUDENT _____ STAFF _____ VISITOR _____ OTHER _____

DATE OF INCIDENT/ACCIDENT: _____ **HOUR** _____ **PHOTOS** YES / NO
(Circle One)

DATE REPORTED: _____ **HOUR** _____

INCIDENT/ACCIDENT LOCATION: _____

WITNESSES: NAMES, ADDRESSES, TELEPHONE NUMBERS:

1 _____

2 _____

TIME NOTIFIED: _____ **AM / PM** **TIME ON SCENE** _____ **AM / PM** **TIME OFF SCENE** _____ **AM / PM**
(Circle One) (Circle One) (Circle One)

FIELD INVESTIGATION

Exact Location of Incident/Accident:

Describe in detail the **location of incident**: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:

Describe **the incident/accident which you observed** or which were described to you:

Describe **demeanor of person involved** and include statements made:

Describe **shoes, physical appearance and any other characteristic** that would contribute to understanding how the incident/accident occurred:

Describe **how the incident/accident occurred**; state facts, contributing factors, cite witnesses and support evidence:

Steps/Corrective Action taken:

Does the employee's incident/accident require **medical care**? (Check one) Yes _____ No _____

If yes, **name of Medical Facility and Doctor (state Work Comp Clinic if filing a claim)**:

Supervisor's Signature

(Print) Supervisor's Name

Telephone Number

Report Completed On: _____
Date Time

Original: Director of HRD/PS
Building 100A, Room 21

IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo



**AVAILABLE
24 HOURS A DAY**

Employer Name (Nombre De Compania)

Search Code (Código Del Búsqueda)

1

Injured worker notifies supervisor.

Empleado lesionado notifica a su supervisor.

2

Supervisor/Injured worker immediately calls injury hotline.

Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.

3

Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.

Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.