Incident Investigations

SOMERSET COUNTY JOINT INSURANCE FUND

© 2021 New Jersey Risk Managers & Consultants, Inc.
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Learning Objectives

- Learn procedures for properely completing forms and investigating workplace incidents and dangerous occurrences
- How to collect data for an investigation
- How to analyze data for an investigation
- How to take action following a workplace investigation

Incident Investigation

- Conducting investigations is an important function of Safety committees and worker health and safety representatives
- This course will help you:
  - Understand responsibilities
  - Investigate effectively

FIRST MCO

First Managed Care Option, Inc.

2740 Route 10 West, Ste. 304 Morris Plains, NJ 07950
Phone: 973-257-5200 Fax: 973-257-2298

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FIRST REPORT OF INJURY (FROI)

INITIAL FILING_____ SUBSEQUENT FILING _____

Injured Employee: _____ **Date of injury or illness:** _____

EMPLOYER

1. SCJIF: Insured/Employer: _____
2. Street address: _____
3. Employer city: _____
4. State: _____ Zip: _____

EMPLOYEE/WAGE

1. FULL NAME:_____
2. FULL ADDRESS: _____
   _____
3. Home phone #: _____ Cell phone #: _____
4. Email: _____
5. Date of Birth: _____ 5. Social Security #: _____
6. Date of Hire: _____ 7. Sex: Male ____ Female ____
8. Occupation/Job Title: _____
9. Marital Status: Unmarried_____Single/Divorced_____Married_____Separated_____Unknown _____
10. Employment Status: (Please select the FIRST status that applies to the injured worker, make only ONE choice)
    Volunteer_____Seasonal Employee_____Regular Full Time_____Regular Part Time _____
    Not Employed _____ Retired_____On Strike_____Disabled _____ Other _____
11. Wage Rate: $_____ Per Hour _____Per Day_____Per Week_____Per Month _____
12. Days worked per week:_____13. Did Employee receive full pay for day of injury? Yes_____No _____
14. Did Salary continue? Yes_____No _____

OCCURRENCE

1. Time employee began work: _____ AM/PM: _____
2. Time of occurrence: _____ AM/PM: _____
3. Last date worked: _____
4. Date employer was notified of occurrence: _____
5. Date disability began: _____
6. Type of injury: _____
7. Part of body affected: _____
8. Did injury/illness/exposure occur on employers premises? Yes_____No _____

FIRST REPORT OF INJURY… "FROI"

FIRST REPORT OF INJURY… "FROI"

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9. Department or location where accident or illness/exposure occurred? _____
_____
10. ZIP Code of injury site: _____
11. All equipment, materials or chemicals employee was using when accident or illness/exposure occurred:
_____
12. Specific activity the employee was engaged in when the accident or illness/exposure occurred:
_____
13. Work process the employee was engaged in when accident/illness/exposure occurred:
_____
14. How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill:
_____
_____
15. Date returned to work: _____
16. If fatal, give date of death: _____
17. Were safeguards or safety equipment provided? Yes_____No _____
18. Were they used? Yes_____No _____

MEDICAL TREATMENT

19. Initial Treatment (check one):
No Medical Treatment _____ Minor/Treatment by Employer: _____ Emergency Care: _____

Hospitalized greater than 24 hours:_____Future major medical/lost time anticipated: _____
20. Name of Physician or Health Care Provider: _____
21. Address: _____
22. Name of Hospital or off-site treatment facility: _____
23. Address: _____

OTHER

1. Direct Supervisor name: _____ Phone: _____
2. Witness name: _____
3. Witness Phone #: _____
4. Date Administrator (TPA) notified:_____
5. Date Report Prepared: _____
6. Preparer's Name: _____
7. Preparer's Title: _____
8. Preparer's Phone #:_____

Distribution: First MCO, Guardian Public Entity Claims Service, Fund Member

SUPERVISOR REPORT

FIRST MCO
First Managed Care Option, Inc.

2740 Route 10 West, Ste. 304, Morris Plains, NJ 07950
Phone: 800-831-9531 Fax: 973-257-2282

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SUPERVISOR REPORT – WORKERS COMPENSATION CLAIM

To be completed by direct supervisor

Injured Employee: _____ Injury date/time _____

Supervisor Name: _____ Phone #: _____

Employer/Insured: _____ Email: _____

Address: _____

Phone: _____

1. Job Title: _____ Department: _____
2. Location of Occurrence: _____
3. Injured body parts: _____
4. How was employee injured: _____
5. Do you usually supervise this individual? Yes_____No _____ If not explain: _____
6. Was accident immediately reported? Yes_____No _____ If not explain: _____
7. Was employee working: Alone_____With Crew _____
8. Did you physically inspect the area where the injury occurred? Yes_____No _____

   Explain: _____
9. Any unsafe conditions/hazards present? Yes_____ No_____ Explain: _____
10. Was employee wearing back support? Yes_____No_____ Explain: _____
11. Evidence of horseplay: Yes_____No _____If Yes, Explain: _____
12. Evidence of intoxication Yes_____No _____ If yes, Explain: _____
13. Evidence of drug abuse Yes_____No _____ If Yes, Explain: _____
14. Are you satisfied that the accident/injury occurred as described above? Yes_____No _____

    If Not, Explain: _____
15. What additional training may have prevented this accident? _____
16. What additional training would you like Fund's Safety Director to provide? _____
17. What circumstances contributed to this accident?_____
18. What actions contributed to this accident?_____
19. What changes in circumstances or actions could have prevented this accident? _____
20. Your actions taken to minimize the chance of a recurrence?_____
21. Your future plans to minimize the chance of a recurrence?_____
22. Would you like to speak to any Fund Professional? Yes_____No _____

    If Yes, please list:_____

SIGNATURE: _____ **DATE:** _____

EMPLOYEE ACCIDENT REPORT

EMPLOYEE ACCIDENT REPORT

Return to: First Managed Care Option
2740 Route 10 West, Ste. 304
Morris Plains, NJ 07950
F: 973-257-2298

NAME	INJURY DATE & TIME	NAME OF EMPLOYER:	
HOME ADDRESS:	HOME PHONE #	DIRECT SUPERVISOR NAME & PHONE	
	CELL PHONE #		
JOB TITLE:	DOMINANT HAND:	DATE OF HIRE:	EMAIL:

Describe in detail what you were doing and how you were injured:

Describe all body parts injured; and your current complaints

Provide exact location of incident. Is location on employer premises: Yes_____No _____

Have you seen any doctors for this injury? If so, name, phone number and details of visit(s)

Have you ever injured this part of your body before: Yes_____No_____
If yes, please provide the name and address of the treating physician(s). List any medications you are or were taking for this condition/injury?

Have you been treated by a chiropractor? Yes_____No _____
If yes, please provide the name and address of the chiropractor(s):

Have you filed any workers' compensation claims(s) in the past? Yes_____No_____
Have you ever been injured in any motor vehicle collisions? Yes_____No_____
If yes, please provide the details:

Primary care physician: Name, address and phone number

Do you have any other employment? Yes_____No_____
If yes, please list the names and addresses of these employers:

Do you currently (in the past 12 months) participate in any athletic, recreational or sporting activities? Yes_____No_____
If yes, please list the activities you participate in:

To whom did you first report the injury and when?

Were there any witnesses to your injury? If so, Name of witness & contact information

Use reverse side for any additional details.

I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I MAY BE SUBJECT TO DISCIPLINARY ACTION BY MY EMPLOYER.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any physician, hospital or other person or institution to permit First MCO or its representative to examine, make, or be furnished with any information concerning illness or injury sustained by me including treatment, consultations, medical history, hospital records, prescriptions, diagnosis or findings. A photo static or scanned copy of this authorization shall be considered as valid as the original.

EMPLOYEE SIGNATURE	SOCIAL SECURITY #	DATE

SOMERSET COUNTY JOINT INSURANCE FUND
NOTIFICATION PROCEDURES FOR REPORTING WORKERS COMPENSATION

INJURED EMPLOYEE	SUPERVISOR	EMERGENCY PROCEDURES	FATALITIES, HOSPITALIZATIONS, AMPUTATIONS, & LOSS OF AN EYE
1. Notify Supervisor.	1. Make sure Employee calls **FIRST MCO** and follows their directions. If the Employee cannot call, the Supervisor must assume this responsibility.	1. Injured Employee provided medical care at nearest Hospital Emergency Room.	**1. Work related in-patient hospitalizations, amputations or loss of an eye, call the NJ DEPARTMENT OF LABOR @ 1-800-624-1644 within 24 hours and notify HUMAN RESOURCES.**
2. Call **FIRST MCO 1-800-831-9531.** Speak with Intake Representative and report incident. Follow instructions given by Intake Representative. Exception: Emergency - If Employee suffers acute condition, call 9-1-1 or Rescue Squad for medical care at RWJ/Somerset Hospital, Hunterdon Medical Center or closest Emergency Room. **FIRST MCO 1-800-831-9531 Hours:** **You may call this number 24/7.** **CONCENTRA Locations:** Bridgewater M-F 8-5 908.231.0777 Edison M-F 8-5 732.225.5454 So. Plainfield M-F 8-5 908.757.1424 Somerset M-F 8-5 732.748.1900 Parsippany M-F 8-5 973.882.0444 *****Concentra provides transportation for SCJIF to Concentra locations only. Advise FIRST MCO if you would like transportation coordinated*****	2. Fill out Supervisor's Report and forward to Human Resources Department and to **FIRST MCO** at intake@firstmco.com	2. 9-1-1 or Rescue Squad must be called if an Employee suffers acute conditions. By way of example, but not limited to: • Chest pain • Difficulty breathing • Closed head injury and/or any head injury that includes dizziness, nausea or vomiting, loss of consciousness and/or blurred vision • Allergic reactions which involve any unusual swelling or rash, tingling in extremities, dizziness or shortness of breath • Profuse, uncontrolled bleeding **DO NOT ATTEMPT TO TRANSPORT EMPLOYEES WITH THESE SYMPTOMS.**	**2. If an Employee dies as a result of a work related injury call the NJ DEPARTMENT OF LABOR @ 1-800-624-1644 within 8 hours and notify HUMAN RESOURCES.**
3. Fill out Employee Report, forward to Human Resources and communicate with **FIRST MCO** Nurse Case Manager.	3. Call Human Resources to report accident.	3. Supervisor notifies **FIRST MCO** of the Emergency.	**3. FAILURE TO NOTIFY THE NJ DEPARTMENT OF LABOR WITHIN THE REQUIRED TIME WILL RESULT IN A FINE AND PENALTY FOR THE ENTITY.**
4. Telemedicine is Available For smartphones, download Concentra Telemed App For computers, using internet explorer, go to https://concentratelemed.com	4. All FROI documents, along with appropriate Job Description for injured Employee to **FIRST MCO**.	4. Employee reports back to Supervisor and follows procedures as indicated in previous columns.	

ALL NECESSARY PAPERWORK REGARDING WORK RELATED INJURIES MUST BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES WITHIN 48 HOURS OF AN ACCIDENT, WITH EXCEPTION OF A WORK-RELATED FATALITY WHICH MUST BE REPORTED WITHIN 8 HOURS. ANY WORK RELATED IN-HOSPITAL ADMISSIONS, AMPUTATIONS, OR LOSSES OF THE EYE, MUST BE REPORTED WITHIN 24 HOURS.

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Telemedicine Process

When a work injury occurs, call the First MCO Injury Hotline 24/7
800-831-9531

The First MCO Team will obtain all necessary information such as claimant name, DOB, social security number, address, injury information, etc.

Should the injured employee be a candidate for telemedicine, First MCO will alert our Telemedicine Partner, Concentra, of the new referral.

Upon completion of the initial call with First MCO, injured employee will be transferred to Concentra Telemedicine and then provided with step-by-step guidelines on the telemedicine process which includes:

- Securing a private location for the telemedicine encounter
- Availability of Photo ID
- Need for Smartphone or computer with webcam and microphone
- For Smartphones, download Concentra Telemedicine App
- For Computers, using your internet browser, go to https://concentratelemed.com
- Click on "Sign Up" if this is your first visit, or "Log In" if you have utilized telemedicine before
- First time users will need to create a password and provide some basic personal information before talking to a Clinician
- After signing in, click on "Available Care Coordinator"
- The Care Coordinator will check you in to prepare you to see the Clinician
- After you're done checking in, the Care Coordinator will connect you with the Clinician for evaluation, diagnosis, and treatment
- Upon completion of the telemedicine encounter, Concentra will provide a transcript of the visit to First MCO

Get Injury Care Where You Are, When You Need It!

Definitions – Traditional

- **Incident**
  - Not defined in legislation
  - Essentially an incident that could have hurt someone, but it did not
- **Incident Investigation**
  - OSHA – Stopped using “accident” because “accident” has come to be considered as a random event that “oh, well, it just happened” and is not preventable.
  - Any unplanned, unwanted event that causes injury or illness

Investigations

- Effective investigations must be part of an employer's health and safety system
- Lack of incident investigation process can result in poorly organized and misunderstood investigations
- It's important to understand the benefits of a properly organized investigation

Benefits of Investigations (Fact Not Fault Finding)

To understand what happened and why (i.e., causes)

To identify corrective actions that will prevent a re-occurrence

To determine trends and turn a reactive situation into a proactive opportunity

To make the workplace healthier and safer

Benefits of Worker Involvement

More effective investigations

Improved credibility

Improved acceptance of recommendations

The purpose of safety investigations is prevention

Role of the Safety Committee

- Safety Representative investigators are expected to:
  - Help find root causes and recommend corrective action
  - Check the employer's health and safety system
  - Not assess blame
- Taking corrective action is the employer's responsibility

Employer's Role

Employer responsibilities:

- Effectiveness of investigations
- Correct any problems
- Integrate investigations into health and safety system
- Provide investigation teams with appropriate time, training and resources

Reportable Incidents (Change to OSHA)

- OSHA regulations require the employer to report incidents causing serious bodily injury
- OSHA regulations require employer, to report any Death within 8 Hrs. or Amputation or In Patient Hospitalization within 24 hrs.

Incident	Requirement
Incidents causing serious bodily injury	29 CFR 1904
Fatality, Amputation, In Patient Hospitalization	29 CFR 1904.39

Investigation Examples:

Incident Scenario

- **What happened?**
  - Employee was tasked with clearing snow before other employees arrive
  - While completing the task, the employee slipped and fell injuring both knee and hands
  - Employee sent to Immedicenter, treated and went home. Was not admitted and returned to work three days later.

C.A.R.T. Investigation Techniques

C.A.R.T. steps

Collect Evidence

Analyze Evidence

Report (write report)

Take Action (employer)

Safety Representative follows up

Supervisor Involvement

Supervisors should have vested interest when incidents happen in their area

- They know their workers and what jobs they perform
- They know what questions to ask?
- Often part of the first-response group at the scene
- Can benefit from the investigation

How Supervisor Can Help

Right after an incident, the supervisor can:

- Secure scene, summon emergency services if necessary, have injured transported to hospital, etc.
- Report to appropriate authorities (internal and external)
- Take notes and make sketches
- Identify witnesses
- Brief and support investigation team

Step C.A.R.T.

Collect Evidence

How to collect evidence for an investigation

Before You Collect Evidence

Get the big picture and ask questions:

- What was happening at the time of the incident?
- Who was involved and who may have seen what happened?
- What equipment, machinery, tools, chemicals, etc., were involved?
- Did something fail or break?
- Consider factors like PPE, training, maintenance, worker experience, etc.

Collecting Evidence

Collect evidence from:

- Physical evidence (e.g., debris, parts, photos, etc.)
- Documents (e.g., records, SDSs, etc.)
- Witnesses (interviews)

Physical Evidence

- Use physical evidence to gather information about what happened before, during and after the incident
- Use physical evidence to help develop questions for witness interviews

Examples of Physical Evidence

Evidence	Information it may provide
Objects • Tools, equipment and materials (including damaged PPE) • Hardware, facilities and debris • Skid marks, patterns and other properties of items associated with the incident	• What went wrong and why • What happened before, during and after the incident
Chemicals • Hydraulic fluids and liquids • Noxious gasses, smoke and fumes • Solids (e.g., pellets, dusts, powders, etc.) • Containers of chemical substances	• Hydraulic fluids and liquids can tell you about operability of machinery, mobile equipment and vehicles • Noxious gasses, smoke and fumes can tell you about hazards in the work area, work practices, adequacy of engineering controls, etc.
Biological substances • Blood, body fluids, etc. • Potentially contaminated food and drink • Plants, spores and pollens • Insects and other animals	• What caused harm • How injury occurred

Specific Physical Evidence

- Check equipment, tools and machinery for sign of breakage, poor maintenance, etc.
- Check operating controls and safety devices to see if they were working properly
- Check damage and wear patterns, skid marks, direction of debris, etc., for information on what happened during the incident

Physical Evidence Samples

- **Samples can indicate:**
  - How technical failures, malfunctions, etc., happened
  - Pre-existing defects
  - The presence of chemicals, biological substances, noise, etc.
  - Exposure levels

Take Photographs or Video

- Cell Phone
- Video camera feature – for serious incidents
- Digital camera
- Start with overall area picture, then narrow down to specific incident location
- Keep log of photos and locations
- For spills, skid marks, etc., use a reference (like a pen or ruler) when taking photos

Collect Documentary Evidence

- Standards and technical information
- Inspection and investigation reports
- Records (e.g., training, maintenance, repair logs, etc.)
- Research
- Employer’s health and safety system

Documentary Evidence

Use it to help:

- Determine worker training
- Understand job procedures and practices
- Identify witnesses and the questions to ask
- Check witness statements
- Monitor employer's health and safety system

Conduct Research

Research is a tool to learn more about the physical and documentary evidence:

- Benchmarking
  - What are other organizations doing?
  - Have they had similar experiences?
  - Have they made changes to the way they do things?
- Technical research
  - Internet
  - Journals

Collect Evidence by Interviewing Witnesses

- Interview within first 24 hours, if possible
- Keep witnesses from talking with each other
- Have a plan and objectives for each interview

Plan the Interview

- Identify who to interview and what information the interview may provide
- Use physical and documentary evidence to help prepare questions
- Interview in an appropriate location
- Minimize interruptions

Plan the Interview

- Interview those who were involved in the incident, saw it or were first on the scene
- Interview those who know what was happening before the incident
- Interview others like a trainer, technical experts, facility staff, etc.
- Conduct follow-up interviews as required

Conduct the Interview

- Each interview should be private
- Treat everyone with respect
- Create an informal environment
- Reassure each witness (they might be nervous)
- Don’t rush, but keep the interview on track

Conduct the Interview

- Get their version
- Expect contradictions between witnesses
- Take notes and record critical information
- If you use written statements, review each person's transcript with them before they sign it

Questioning Techniques

- Ask questions to gain knowledge and details
- Ask questions to clarify an observation from the scene
- Ask open questions (i.e., not yes/no answers)
- Ask clarifying questions (i.e., closed questions with a yes/no answer) to narrow down a detail
- Pause and give the person time to answer. Don’t interrupt
- Only use drawings, photos or visits to the site to jog memory

Step C.A.R.T.

Analyze Evidence

How to Analyze Evidence for an Investigation

Analyze Incident Factors

- Go through each event before, during and immediately after the incident
- Ask why each happened
- Evaluate role of every factor:
  - People (supervision, training and orientation)
  - Material (substances, tools, equipment, etc.)
  - Environment (workplace conditions)
  - Work process (workflow design)
  - System (policies, plans and procedures)

Identify Direct Cause

- Direct cause usually happens immediately before incident
- Actions that describe a direct cause
  - Struck by
  - Fall to lower level
  - Caught in, on or between
  - Contact with, exposure to, etc.
- Often involves an unsafe act or substandard condition

Identify Root Cause(s)

- Root causes often explain why substandard acts and conditions exist
  - Lack of knowledge – no training program
  - Guards off machinery – there is no repair or maintenance program
  - Worker not following safe operating procedures – a lack of supervision is putting workers at risk
- Health and safety system management problems are often root causes

Step C.A.R.T.

Report

Reporting to Admin and writing report

Step C.A.R.T.

Take Action

The employer's responsibility

Take Action

It is the employer's duty to:

- Take immediate action to protect workers
- Take long-term actions to correct root causes
- Comply with regulations
- Provide OHC with written report

Take Action

- Employer reviews investigation report
- Employer reviews OHC or representative recommendations
- Employer decides what action to take
- OHC or representative provides input and monitors effectiveness of employer's corrective action

Summary

- Regulatory requirements for investigating workplace incidents and dangerous occurrences
- Collect evidence for an investigation
- Analyze evidence for an investigation
- Develop a workplace investigation report
- Take action following a workplace investigation

Questions?

- Chat Question
- Unmute and Ask