

RESOLUTION NO. 17-03

**A RESOLUTION ESTABLISHING AN ACCIDENT REPORTING AND ANALYSIS
POLICY**

WHEREAS, Citycounty Insurance Services (CIS) was formed to meet the risk management and employee benefit needs of Oregon Cities and the City of Scappoose has been a member for many years; and

WHEREAS, CIS is offering their members a bonus program to reduce risk, prevent costly claims, and reduce premium contributions by implementing a written accident reporting policy; and

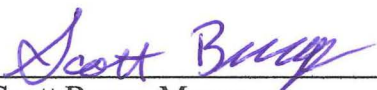
WHEREAS, the City of Scappoose holds in high regard the safety, welfare and health of our employees; and

WHEREAS, the City of Scappoose has a need to provide a written policy that identifies the procedures for all employees to follow if an accident should occur.

NOW, THEREFORE BE IT RESOLVED, that the Accident Reporting and Analysis Policy attached as exhibit A is hereby adopted.

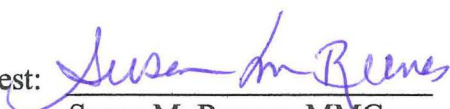
PASSED AND ADOPTED by the Scappoose City Council and signed by me, and the City Recorder, in authentication of its passage this 23rd day of January, 2017.

CITY OF SCAPPOOSE, OREGON



Scott Burge, Mayor

Attest:



Susan M. Reeves, MMC
City Recorder

CITY OF SCAPPOOSE ACCIDENT REPORTING AND ANALYSIS POLICY

PURPOSE

The purpose of this policy is to establish requirements pertaining to the reporting and investigation of accidents involving personal injury or property damage in order to protect the safety and health of employees and the public. By analyzing the factors which contributed to or caused the accident, countermeasures can be identified to correct the areas identified and prevent future accidents.

APPLICABLE LEGAL STANDARDS

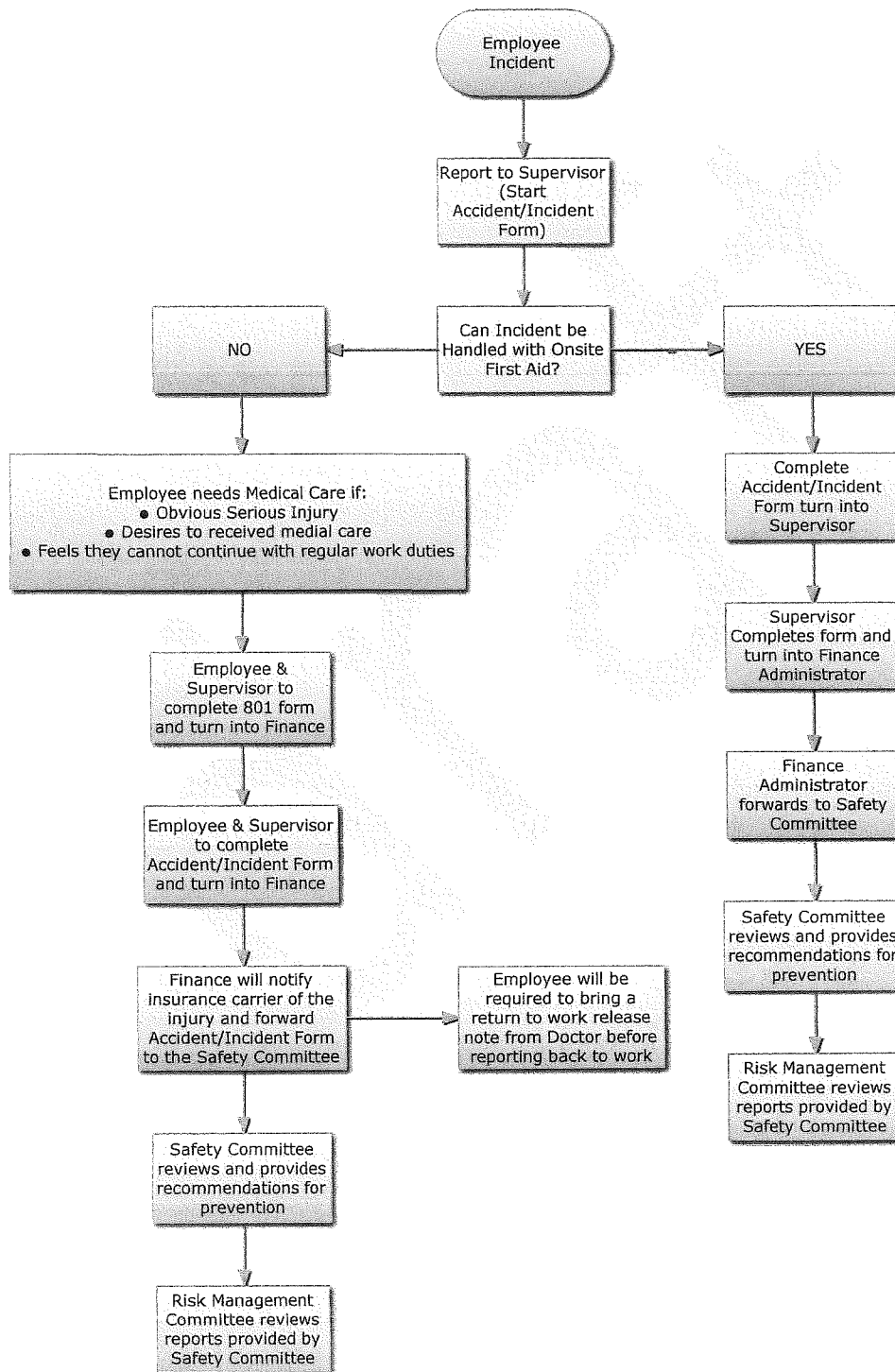
1. Oregon Administrative Rule *OAR 437-001-0760(3) Investigation of Injuries*: "Each employer shall investigate or cause to be investigated every lost time injury that workers suffer in connection with their employment, to determine the means that should be taken to prevent recurrence. The employer shall promptly install any safeguard or take any corrective measure indicated or found advisable."
2. Oregon Administrative Rule *OAR 437-001-0765(6)(g) Safety Committee/Accident Investigation*: "The Safety Committee shall establish procedures for investigating all safety-related incidents including injury accidents, illnesses, and deaths. This rule shall not be construed to require the committee to conduct the investigations."
3. Oregon Administrative Rule *OAR 437-001-0700 Reporting Fatalities and Hospitalizations to Oregon OSHA*: "Employers are responsible to notify Oregon OSHA within 8 hours after occurrence or employer knowledge of workplace fatality or catastrophe, and within 24 hours of an injury resulting in overnight or longer hospital admission."

GENERAL RESPONSIBILITIES

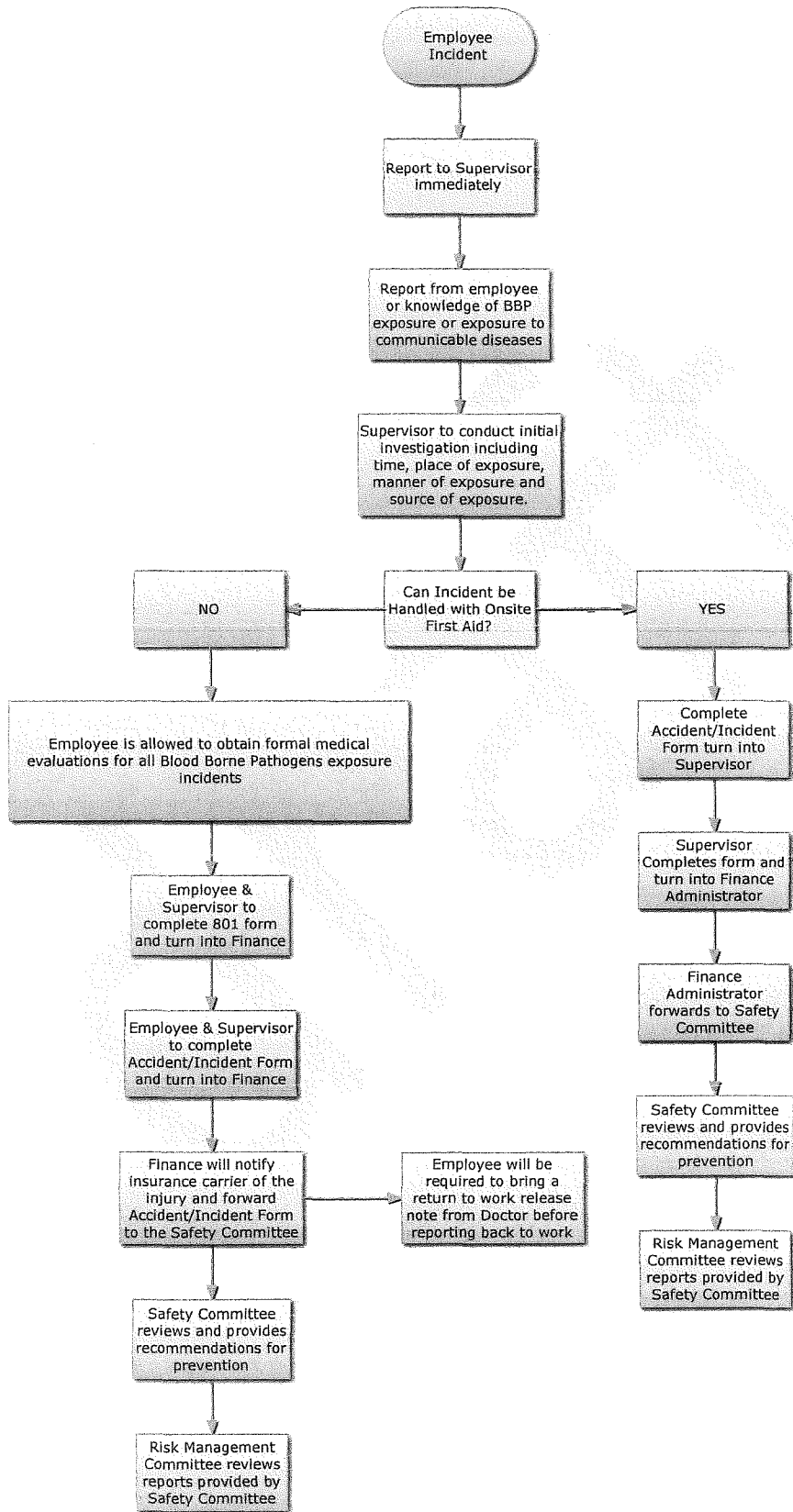
1. Department Supervisor: The Department Supervisor is responsible to ensure that all reported injuries, illnesses, exposures, near-misses, or reports of property damage are promptly investigated as to cause; ensure that Accident Procedures, as established in this policy, are carried out; arrive at recommendations to reduce recurrence; and ensure that corrective measures are implemented to reduce the likelihood of recurrence.
2. Employee: Employees are responsible to, immediately report to their supervisor any injury, illness, exposure, motor vehicle accident, near-miss or any accident involving property damage, sustained in the scope of employment. Follow the Accident Procedures and cooperate fully with all accident investigations.
3. Safety Committee: The Safety Committee is required review every written Accident Analysis Report and provide recommendations for prevention. Members who are trained in Accident Investigation may be involved with investigating the circumstances of the accident.
4. Risk Management Committee: The Risk Management Committee meets quarterly to review every written Accident Analysis Report as provided by the Safety Committee.

The Risk Management Committee tracks the list of corrective measures to assure that items are completed as scheduled. Annually the Risk Management Committee evaluates the accident investigation procedures and provides recommendations for improvement.

WORKPLACE INCIDENT/INJURY FLOW CHART



BLOOD BORNE PATHOGENS FLOW CHART



ACCIDENT PROCEDURES

1. Personal Injury: The employee shall follow these procedures to report any injury, illness, near- miss, or any accident involving personal injury, sustained in the scope of employment.
 - a. The incident and/or condition must be reported to the employee's Supervisor immediately.
 - b. The injured employee shall complete side one of the Incident/Accident/ Illness Report form to provide details on the circumstances of the injury. The injured employee and his/her immediate supervisor will analyze the factors that contributed to the injury, list countermeasures for prevention, and record this information on the second page of the form. The form is then forwarded to the Finance Administrator.
 - c. Any time that the work-related condition requires the services of a medical provider, the employee is further required to complete a CIS Report of Job Injury or Illness Form 801. The 801 must be filed with the Finance Administrator within two working days of the accident. CIS must be notified within five working days of employer knowledge of a claim; therefore, if the employee is not available to complete and sign the 801, it must be completed as much as possible and submitted to CIS.
2. Motor Vehicle Accidents: Any City employee who is involved in a motor vehicle accident while driving a City-owned vehicle, City-leased vehicle, or other vehicle being used on official City business, whether it is their fault or not, and whether the amount of damage is minor or not, shall follow this procedure:
 - a. STOP AT ONCE!! Check for personal injuries and call 9-1-1 for an ambulance if needed.
 - b. No vehicle shall be moved from the scene until the police arrive and or photographs are taken, unless a greater hazard would be created by failure to remove the vehicle(s) from the scene.
 - c. Contact the City of Scappoose Police Department by vehicle radio or by telephone and provide the following information: Accident involves City employee and vehicle; location of accident; and name of caller. If the accident occurs outside the City of Scappoose, contact the Oregon State Police (OSP) or the law enforcement agency with the local jurisdiction.
 - d. Contact your Supervisor and provide the same information as in (c) above. The Supervisor should report to the scene of the accident as soon as possible and take photos of the accident if possible.
 - e. Exchange insurance information with the other driver. If other vehicle is unattended, leave a note and contact the owner ASAP. Write down names, license numbers, and other information regarding the accident and those people involved in it. Record this information on the insurance card in your vehicle. Be sure to record the name and address of any witnesses and the name and badge number of the responding police officer.
 - f. It is the driver's responsibility to submit the DMV form ("Oregon Traffic Accident and Insurance Report") to the DMV within 72 hours if there is any bodily injury and/or more

- than \$1500 damage to any vehicle or property, or if any vehicle is towed from the scene as a result of damages.
- g. Employee fills out side one of the "Incident Reporting Form" for either an internal or external incident" form to provide details on the accident, after which the employee and his immediate supervisor will analyze the factors that contributed to the accident, list countermeasures for prevention, and record this information on page two of the form.
3. Damage to City Vehicle, Equipment or Property: Employees shall follow these procedures to report any accident involving damage to a City vehicle, equipment or property.
 - a. The incident and/or condition must be reported to the employee's Supervisor immediately.
 - b. Employee fills out side one of the "Incident Reporting Form" for either an internal or external incident" form to provide details on the accident, after which the employee and his immediate supervisor will analyze the factors that contributed to the accident, list countermeasures for prevention, and record this information on page two of the form. The form is then forwarded to the employees Department Supervisor for review. After review is completed the form is then forwarded to Finance Administrator. The Finance Administrator will log the form and forward it on to the Safety Committee for review.
 4. Drug and Alcohol Testing:
 - a. For accidents or damage to a City vehicle, property or equipment:
 - i. For a CDL driver involved in an accident which resulted in a fatality or issuance of a moving violation, federal regulations require DOT post-accident testing protocol.
 - ii. For an employee not operating a Commercial Motor Vehicle, the City's Policy and Procedures for a Drug and Alcohol Testing Program requires post-accident drug and alcohol testing if the City determines that there is probable cause to believe that the actions of the employee(s) involved materially contributed to the accident. Non-DOT post-accident protocol is followed, which requires use of the non-DOT testing form and a Disclaimer Form for conducting the Breathalyzer Test.
 - iii. In either case (DOT or non-DOT protocol): The employee must be transported by a manager as soon as possible for drug and alcohol testing. The employee shall be tested as soon as possible, but for alcohol testing the time shall not exceed a period of eight (8) hours. Refer to the City's Policy and Procedures for a Drug and Alcohol Testing Program for details.
 - iv. The employee is placed on Administrative Leave pending receipt of test results.
 - b. DOT-approved Drug and Alcohol testing facilities used by the City of Scappoose:
 - i. Legacy Laboratory Services at 500 Columbia River Hwy, St Helens OR 97051 Phone 503-397-1802 Fax 503-366-3484. When possible please contact City Recorder or Finance Administrator so proper paperwork can be faxed prior to your arrival.
 5. Fatality & Catastrophe: The City Manager or designee is required to report all work place fatalities and catastrophes to OR-OSHA within eight hours of knowledge at OR-OSHA's central office at 503-378-3272 or 1-800-922-2689 or by contacting the Oregon Emergency Response line at 1-800-452-0311.

- a. OR-OSHA requires that employers and their representatives not disturb the scene of a fatality or catastrophe, other than to conduct the rescue of an injured person, until authorized by the OR-OSHA Manager (or designee), or directed by a recognized law enforcement agency to do so.
- b. All employee injuries resulting in admission to a hospital also require notice to OR-OSHA within 24 hours of knowledge. Such notice shall be accomplished by the City Manager or designee. If the incident occurs on a weekend or holiday, the supervisor should contact either, the City Manager, or the Chief of Police.