

Laboratory Accident Response and Report Procedures

Policies

All laboratory accidents, incidents and near misses need to be investigated and reported. Individuals who need medical care must be checked by medical professions as quickly as possible. In addition, all accidents, incidents and near misses need to be documented. The documentation is used to determine when corrective action is required.

Purpose

This document outlines the procedure for response and reporting accidents and injuries that occur in a research laboratory.

Scope

This policy applies to all parties involved in or witness to any major accident, minor accident or near miss situation.

Responsibility

Laboratory Safety Manager

- Investigate the accident site once the accident is reported.
- Review the report form and supervisor's investigation form to decide if correction actions are needed.
- Keep record of accident report form for >3 years.
- Keep and update hardcopy of policies in each lab.

Supervisors

- Report accidents and injuries to Laboratory Safety Manager.
- Fill out Supervisor's Accident Investigation form.
- Train all participants in their research protocols to the appropriate procedures for reporting accidents and incidents.
- Carry out all correction actions to prevent the accident occur again.

Lab personnel

- Report accidents and injuries to their supervisor and Laboratory Safety Manager.
- Fill out Employee's Report of Injury Form.
- Follow all PPE guidelines and SOPs in the lab to avoid accidents happen.



Procedure

At the time of an accident, there is often much confusion. It may be difficult to determine if an accident is minor or major. In general, a minor accident can easily be treated with basic first aid. A major accident is one where basic first aid alone may not be enough. If you are unsure, call 911 or seek medical help. In addition, it is important to report all laboratory accidents, regardless of severity. What appears to be minor can develop into a major injury. Therefore, it is important to report and document all accidents and injuries with your supervisor and Laboratory safety Manager. If chemical spills are involved in the incident, please also refer to section IX Laboratory Accidents and Appendix A Chemical Spill Response Guideline in KGI's Chemical Hygiene Plan for response procedures. The appropriate response and reporting in the event of a laboratory accident are as follows. A flowchart of this information is also attached

Major Accident

- **Call 911. If the injury is severe or life threatening.**
- Otherwise, Campus security, student affairs, facility staff and laboratory safety manager are all trained to provide first aid. They will use their expertise to determine if you need medical attention.
 - You are strongly advised to follow the medical advice of first responders.
 - You have the option of refusing medical treatment or transport.
 - If your injuries need further medical attention, you have the option of seeking medical treatment through the local emergency department, urgent care, or your own physician.
 - For students, they may also go to Claremont student health office. For employees, they may be referred by HR to Concentra, Pomona Valley or Kaiser.
- Laboratory Safety Manager will follow up with you regarding the accident.
- Complete the Accident Report Form.
- If you are an employee of KGI (on active payroll), please contact HR for the workers compensation process.

Minor Accident

- A minor accident is something that requires only first aid. A first aid kit is available in the hallway in 517 and 535 building to treat minor accidents.
- Even if the event is minor
 - Notify your supervisor.
 - Fill out the KGI Accident/ Incident Report Form
 - Self-monitor for any unusual signs or symptoms. For example, for a cut or bite these would be fever or signs of infection (redness, swelling or heat at wound site). If any unusual signs or symptoms occur, seek medical attention.

Near Miss Reporting

- There are times when an incident does not result in an accident. These are considered near misses.
- Although a near miss does not require immediate action, it is important to report these instances. Near misses are indications of potential problems which need to be investigated further.
- Use the Accident/Incident Report Form to report near miss incidents

All accidents and near misses will be investigated by the Laboratory Safety Manager. If deemed necessary, the lab will be temporarily closed by the Laboratory Safety Manager. The Laboratory Safety Manager will then notify the Dean of Research for further action.

Contact Laboratory Safety Manager at jyu@kgi.edu if you have additional questions or concerns.



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Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related Injury Illness Near miss

Name _____ Job title _____

Supervisor _____

Have you told your supervisor about this injury/near miss? Yes No

Date of injury/near miss _____ Time of injury/near miss _____

Names of witnesses (if any) _____

Where, exactly, did it happen?

What were you doing at the time?

Describe step by step what led up to the injury/near miss (continue on the back if necessary).

What could have been done to prevent this injury/near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness? Yes No

If yes, whom did you see? _____

Doctor's phone number _____ Date _____ Time _____

Has this part of your body been injured before? Yes No If yes, when? _____

Supervisor _____

Signature _____ Date _____



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Supervisor's Accident Investigation Form

Name of Injured Person _____ Male _____ Female _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

What part of the body was injured? Describe in detail.

What was the nature of the injury? Describe in detail.

Names of all witnesses

Date of Event _____ Time of Event _____

Exact location of event _____

What caused the event?

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?

Were safety regulations in place and used? If not, what was wrong?

Employee went to doctor/hospital? Yes _____ No _____

Doctor's Name _____ Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature _____ Date _____



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Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
(Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss
Date of incident _____ This report is made by ☐ Employee ☐ Supervisor ☐ Team ☐ Other

Step 1: Injured employee (complete this part for each injured employee)

Name _____ Sex ☐ Male ☐ Female Age _____

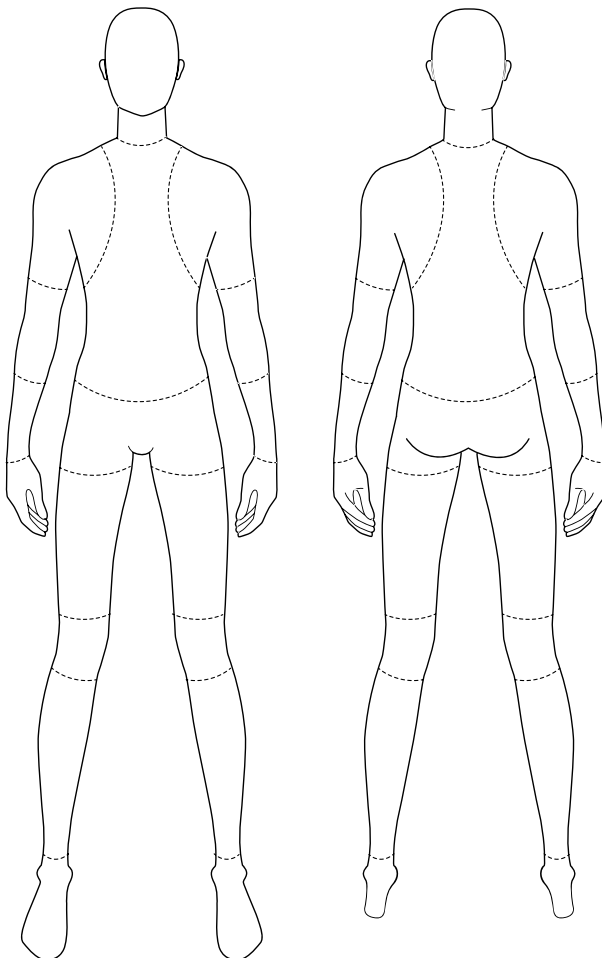
Department _____ Job title at time of incident _____

This employee works ☐ Regular full time ☐ Regular part time ☐ Seasonal ☐ Temporary

Months with this employer _____ Months doing this job _____

Part of body affected (shade all that apply)

Nature of injury (most serious one)



- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Damage to a body system
- ☐ Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Other



Step 2: Describe the incident

Exact location of the incident _____

Exact time _____

What part of employee's workday?

Entering or leaving work Doing normal work activities During meal period During break
Working overtime Other

Names of witnesses (if any)

Number of attachments

Written witness statements _____ Photographs _____ Maps / drawings _____

What personal protective equipment was being used (if any)? _____

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets



Step 3: Why did the incident happen?

Unsafe workplace conditions (Check all that apply)

Inadequate guard
Unguarded hazard
Safety device is defective
Tool or equipment defective
Workstation layout is hazardous
Unsafe lighting
Unsafe ventilation
Lack of needed personal protective equipment
Lack of appropriate equipment / tools
Unsafe clothing
No training or insufficient training
Other

Unsafe acts by people (Check all that apply)

Operating without permission
Operating at unsafe speed
Servicing equipment that has power to it
Making a safety device inoperative
Using defective equipment
Using equipment in an unapproved way
Unsafe lifting
Taking an unsafe position or posture
Distraction, teasing, horseplay
Failure to wear personal protective equipment
Failure to use the available equipment / tools
Other

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe

Were the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No



Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
Routinely inspect for the hazard Personal Protective Equipment Other

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets

Step 5: Who completed and reviewed this form? (Please Print)

Written by _____

Department _____ Title _____ Date _____

Names of investigation team members

Reviewed by _____ Title _____ Date _____

Incident Response Flowchart

When an Incident Occurs

