



BOISE COUNTY

RESOLUTION #2013-52

A BOISE COUNTY RESOLUTION TO ADOPT AN ACCIDENT REPORTING POLICY

WHEREAS, the Boise County Board of Commissioners has determined that a policy, with procedures, is necessary for the implementation and execution of accident reporting; and

WHEREAS, the Boise County Board of Commissioners has reviewed the procedures of said policy.

NOW THEREFORE BE IT RESOLVED, that the Boise County Board of Commissioners adopts the Accident Reporting Policy and Procedures.

AND BE IT FURTHER RESOLVED, that this program is hereby adopted as the governing document and shall take precedence over any other existing policies, rules or procedures including Resolution 95-4 Drug/Alcohol Policy for Drivers, 2004-03 Safety and Loss Prevention Policy Statement and Accident Reporting Policy, 2011-15 Travel Policy and 2011-14 Personnel Policy (Section B, Rule 5, 10, 11 and 12) and internal department policy or any other if there is any conflict.

APPROVED and **ADOPTED** by the Board of County Commissioners at its regular meeting on this ____ day of _____, 2013.

COMMISSIONERS

BOISE COUNTY BOARD OF

BARBARA M. BALDING, Chair

VICKI L. WILKINS, Commissioner

JAMIE A. ANDERSON, Commissioner

ATTEST:

Mary T. Prisco, Clerk to the Board

Accident Reporting Policy and Procedures

The safety of employees and volunteers of Boise County is of primary importance. It is Boise County's goal to provide safe working conditions and operating procedures that will ensure a safe work environment for all employees and volunteers.

All levels of management and supervision have a primary responsibility to determine safe work procedures and ensure safe working conditions. Supervisors and employees are expected to follow the work methods and procedures established by Boise County.

Supervisors are responsible for the health and safety of their employees and, as a part of their daily duties, must check the workplace for unsafe conditions, watch employees for unsafe actions and take prompt action to eliminate any hazards.

These responsibilities can be met only by working continuously to promote safe work practices among all employees and to maintain property and equipment in a safe operating condition. By working together, we can maintain a safe and efficient organization.

What to Report

Report all accidents/incidents or “near miss” that occur or are observed on the job. Any accident, incident, or “near miss,” no matter how slight the injury or damage to vehicle, equipment, building or other property, must be reported to the Elected Official or Department Head within two (2) hours for appropriate action to be taken.

The Elected Official or Department Head is responsible for taking appropriate follow up action, including getting medical attention for the injured, completing an investigation report, and recommending or implementing appropriate corrective action.

Report Immediately

In the event of an on-the-job accident/incident or “near miss”, the first priorities are to ensure that the work area is safe in order to prevent injuries to additional personnel and to provide prompt medical assistance to the injured. The affected employee shall notify his/her immediate supervisor of the incident within two (2) hours. The immediate supervisor shall notify the Elected Official or Department Head of the incident/accident or “near miss” within two (2) hours. The Elected Official or Department Head shall notify Human Resources of the incident within twenty-four (24) hours. Any situation requiring hospitalization shall be reported by phone and email to a County Commissioner by the Elected Official or Department Head within twenty-four (24) hours of the incident/accident or “near miss”.

The employee(s) involved and their supervisor (or if this is not practical, someone else present at the time) must complete the Supervisor’s Accident Investigation and Report form (in a blue jacket) for all near misses, property damage or injury situations and with a full description of the accident/incident or “near miss” details. The report shall be signed by the employee and the supervisor and given to the Elected Official or Department Head for their review, finalization and signature acknowledging awareness of the accident/incident or “near miss”. Forward the original reports to Human Resources within twenty-four (24) hours or the next business day. See Attachment A.

A copy of the report shall remain with the employee's supervisor for future reference. These accident reports (in a blue jacket) will be reviewed regularly by senior management to ascertain the nature of accidents/incidents or "near miss" which have occurred in the workplace. This review will be in addition to an individual investigation of the circumstances surrounding each accident/incident or "near miss".

Additional Reporting Procedures

PROPERTY OR VEHICLE DAMAGE:

All property or vehicle damage must be reported on ICRMP Member Claim Submission 1st Report of Damage to Your Property or Vehicle Form. See Attachment B. If non-county owned property or vehicle damage has occurred it must be reported on ICRMP Member Notice of Potential Claim Form. See Attachment C. This form will be completed with Human Resources within twenty-four (24) hours or the next business day.

The Member Claim Submission Report form and/or the Member Notice of Potential Claim form will be submitted to the Elected Official or Department Supervisor forty-eight (48) hours after the accident for his/her review and signature acknowledging awareness of the accident/incident. A copy of the form will remain with the employee's supervisor for future reference.

AT THE SCENE OF AN ACCIDENT/INCIDENT:

Any employee involved in a vehicle accident/incident or "near miss" while on official County business, either in a County or a private-owned vehicle, must immediately report the accident to local Law Enforcement. Employees shall notify their supervisor within two (2) hours of the accident/incident or "near miss" and report the extent of the injuries and property damage involved on all provided forms.

When local Law Enforcement is contacted regarding an injury or property damage accident, it will be the discretion of the local Law Enforcement agency to investigate the accident or contact an outside agency for investigation. This will help ensure that Boise County is protected from unwarranted claims. The investigating agency's original report will be attached to the ICRMP Member Claim Submission Report of Damage to Your Property or Vehicle form and will be forwarded to Human Resources for claim processing with the County's insurance carrier.

Exception: Reportable vehicular accidents involving County Law Enforcement vehicles will be investigated by the Idaho State Police or another appropriate outside agency. Do not discuss fault with, or sign anything from anyone except for a police officer, a representative from ICRMP or an authorized representative of Boise County. A copy of all forms will remain with the employee's supervisor for future reference.

Any employee involved in a vehicle accident/incident while on official County business, either in a County or a private-owned vehicle will be subject to specified types of testing for drugs and alcohol. A breathalyzer test (if readily available) will be done within two hours after the accident or incident or a urine screen will be done within 24 hours. If either of these tests are not allowed by the employee involved, disciplinary action shall be taken; up to and including termination of employment. The County is committed to ensuring that all drivers do not operate vehicles while under the influence of alcohol and/or drugs. Drivers of this county are not to consume alcohol within eight (8) hours of reporting to work. Drivers are not to report to work or remain at work while having an alcohol concentration of .02 or

greater. Drivers are prohibited from using or possessing alcohol while they are on duty. There is an absolute prohibition against use of illegal drugs. Prescription drugs will be used within the recommendations of the individual's medical provider.

All testing will be subject to the Standard for Chain of Custody as set forth in the U. S. Department of Transportation (DOT) regulations. Alcohol, urine or drugs of abuse screens shall be performed on individuals implicated in a vehicle accident/incident on official County business.

Reporting Procedure - Visitors / Contractors

Any non-employee, who experiences an accident or near-miss incident while on the premises, must report the incident immediately to the person responsible for his or her premises on site. If the person responsible is not available, the visitor/contractor must obtain the assistance of a responsible person to ensure that the Boise County procedure is adhered to.

All injuries must be reported on the ICRMP Notice of Tort Claim form, however minor. Visitors and contractors, who are unable to enter their account onto the form, must arrange for another person to make an entry on their behalf. Visitors and contractors should also notify their own employer where applicable.

Reporting Unsafe Working Conditions

The purpose of employee reporting is to inform agencies of the existence of, or potential for, unsafe or unhealthful working conditions. A report, under this part, is not a grievance.

Any employee or representative of employee, who believes that an unsafe or unhealthful working condition exists in any workplace where such employee is employed, shall have the right and is encouraged to make a report of the unsafe or unhealthful working condition and request an inspection of such workplace for this purpose. The report shall be reduced to writing either by the individual submitting the report or, in the case of an oral notification, by their representative or other person designated to receive the reports in the workplace. Any such report shall set forth grounds for the report and shall contain the name of the employee or representative of employee making the report. In the case of imminent danger situations, employees shall make reports by the most expeditious means available.

A sequentially numbered case file should be assigned for purposes of maintaining an accurate record of the report and the response. As a minimum, each file shall contain the following information: date, time, file number, location, brief description of the condition, classification (imminent danger, serious or other) and date and nature of action taken. The files shall be sent to Human Resources.

WHITE - ORIGINAL
YELLOW - SUPERVISOR'S COPY

SUPERVISOR'S ACCIDENT REPORT

Employer _____ Organizational Code _____

Name of employee _____

Occupation _____

Location of accident _____

Date of accident _____ 20 ____ Time _____ AM
PM

Date Supervisor notified _____ 20 ____ Time _____ AM
PM

Was employee on duty at time of accident? _____

Did employee leave work? _____ Date _____ Time _____ AM
PM

Did employee return to work? _____ Date _____ Time _____ AM
PM

How did accident happen? (State specific, as being done, machines, tools or vehicle involved and factors contributing to the accident)

Names of witnesses _____

Nature of injury _____
(Cut, Bruise, Strain, etc.)

Part of body _____
(Right leg, left ankle, lower back, etc.)

Name and address of treating physician or hospital _____

Was accident caused by noncompany person or faulty equipment? _____ If yes

identify: _____

Were mechanical guards or other safe guards provided? _____

Was employee using them? _____

What corrective action has been taken to prevent similar accidents? _____

Date _____ 20 ____ Supervisor _____

Reviewed by _____ Position _____

Follow up needed? _____ Date _____

State Insurance Fund
Boise, Idaho 83720

SIF-17-82 Rev. 2/01

**SUPERVISOR'S
ACCIDENT INVESTIGATION
AND
REPORT FORM**

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**Investigate all near-miss, property
damage and injury situations.**

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**Investigations should be prompt,
thorough and objective.**

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Investigation Procedure:
**A. Answer "who", "what", "where",
"why", and "when."**
B. Determine cause.
C. Take corrective action.
**D. Retain a record for future
reference.**

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**STATE INSURANCE FUND
BOISE, IDAHO 83720**

MEMBER CLAIM SUBMISSION

1st Report of Damage to Your Property or Vehicle
To Be Completed by Risk Manager and sent to ICRMP

Member Name:	
Mailing Address:	
City:	Zip Code:
Risk Manager:	E-mail:
Phone Number:	Fax:
Date of Incident:	
Who reported the claim to you:	
Department Involved:	Employee(s) Involved:
Provide a Description of What Happened: <small>(Please attach any additional information you deem necessary)</small>	

Description of Property Damaged & Location:
Make, Model & VIN# of Vehicle or Equipment Damaged:
Risk Manager Signature: _____ Date Signed: _____

PO Box 15249 - Boise, ID 83715 - (208) 338-5100 - Fax (208) 338-2100 - email: rtaka@icrmpn.org

Member Notice of Potential Claim

**For Notification Use Only.
To Be Completed By Risk Manager and Sent to ICRMP
when Tort HAS NOT been Filed By Claimant.**

Member Name: _____

Mailing Address: _____

City: _____ **Zip Code:** _____

Risk Manager: _____ **E-mail:** _____

Phone Number: _____ **Fax:** _____

Date of Incident: _____

Who reported the claim to you: _____

Department involved: _____

Employee(s) Involved: _____

Provide a Description of What Happened:
(Please attach any additional information if you deem necessary)

Risk Manager Signature: _____ **Date Signed:** _____

PO Box 16249 · Boise, ID 83715 · (208) 336-3100 Fax (208) 336-2100 · email inlake@crmp.org