Version 2.0
(January 2017)

Emergency Responder Health and Safety Manual

Chapter 6

Injury, Illness, and Exposure Reporting

Final

Customized for Region 4 on April 14, 2020

U.S. Environmental Protection Agency

TABLE OF CONTENTS

TABLE OF CONTENTS i

LIST OF ACRONYMS iii

1.0 INTRODUCTION 1
- 1.1 Background Information and Regulatory Basis 1
- 1.2 Instructions for Users 2

2.0 ROLES AND RESPONSIBILITIES 3

3.0 INJURY, ILLNESS, AND EXPOSURE REPORTING 3
- 3.1 OSHA's Recordkeeping Regulation 3
  - 3.1.1 Reporting Work-Related Injuries, Illnesses, and Significant Exposures under the OSHA Recordkeeping Regulation 4
    - 3.1.1.1 Employees 4
    - 3.1.1.2 Supervisors 4
    - 3.1.1.3 SHEMP Managers 5
  - 3.1.2 Work-Relatedness under the OSHA Recordkeeping Regulation 5
  - 3.1.3 General Recording Criteria under the OSHA Recordkeeping Regulation 6
  - 3.1.4 Employee Rights and Involvement under the OSHA Recordkeeping Regulation 7
  - 3.1.5 Employee Privacy under the OSHA Recordkeeping Regulation 7
  - 3.1.6 Reporting Fatalities and Multiple Hospitalization Incidents under the OSHA Recordkeeping Regulation 8
- 3.2 Workers' Compensation Benefits and Reporting Procedures 8
  - 3.2.1 OWCP Procedures for Reporting Injuries and Illnesses and Obtaining Medical Care and Other Benefits 9
    - 3.2.1.1 Filing a Traumatic Injury Claim 10
    - 3.2.1.2 Filing an Occupational Disease Claim 11
    - 3.2.1.3 Obtaining Medical Treatment 11
    - 3.2.1.4 Establishing the Essential Elements of Your Claim 14
    - 3.2.1.5 Filing a Claim for Workers' Compensation 14
    - 3.2.1.6 Returning to Work 15
    - 3.2.1.7 Benefits Families May Be Entitled to in the Event of an Employee's Death 15

4.0 MOTOR VEHICLE ACCIDENT REPORTING 15
- 4.1 Restricted Use of Government Vehicles 17
- 4.2 Use of Privately Owned Vehicles 18

5.0 NEAR MISSES 19
- 5.1 Near Miss Reporting Procedures 19
  - 5.1.1 Employees 19
    - 5.1.1.1 Anonymous Reporting 19
  - 5.1.2 Supervisors 20
  - 5.1.3 SHEMP Managers 20

6.0 UNSAFE OR UNHEALTHY WORKING CONDITIONS 20
6.1 Employee Reports 20
6.1.1 Log of Employee Reports 20
6.2 Workplace Inspections 21
6.3 Employee Notifications 21
6.4 Abatement Plans 21
6.5 Whistleblower Protection 21

7.0 INCIDENT INVESTIGATION AND REPORTING 22
7.1 Conducting an Incident Investigation 22
7.2 Documenting an Incident Investigation 22

8.0 TRAINING 23

9.0 RECORDKEEPING 24
9.1 OSHA & EPA 301 Injury, Illness and Near Miss Report 24
9.2 OSHA 300 Log and OSHA 300A Summary of Work-Related Injuries and Illnesses 26
9.3 Forms CA-1, CA-2, and CA-35 26
9.4 Forms CA-16, OWCP-1500, OWCP-915, and OWCP-957 26
9.5 Forms CA-7 and CA-20 27
9.6 Standard Forms 91, 94, and 95, and Supporting Information 27
9.8 Log of Employee Reports of Unsafe or Unhealthy Working Conditions 27
9.9 Inspections, Notifications, and Abatement Plans Pertaining to Reports of Unsafe or Unhealthy Working Conditions 28
9.10 Incident Investigation Reports 28
9.11 Training Records 28

APPENDIX A Injury, Illness, and Exposure Reporting: Designation of Roles and Responsibilities 1

APPENDIX B Injury, Illness, and Exposure Reporting: Documentation of Additional Policies and Procedures 1

APPENDIX C Glossary 1

APPENDIX D Hazards in the Work Environment 1

APPENDIX A Injury, Illness, and Exposure Reporting: Designation of Roles and Responsibilities 1
APPENDIX B Injury, Illness, and Exposure Reporting: Documentation of Additional Policies and Procedures 1
APPENDIX C Glossary 1
APPENDIX D Hazards in the Work Environment 1

LIST OF TABLES

Table 1 Injury, Illness, and Exposure Reporting Training Elements 23
Table 2 Injury, Illness, and Exposure Reporting Recordkeeping Requirements 24

LIST OF ACRONYMS

ACGIH	American Conference of Governmental Industrial Hygienists
AIDS	Acquired immune deficiency syndrome
AMC	Accident Management Center (U.S. General Services Administration)
COP	Continuation of pay
DFEC	Division of Federal Employees' Compensation (U.S. Department of Labor)
DOL	Department of Labor
EPA	U.S. Environmental Protection Agency
FAP	Office of Federal Agency Programs (U.S. Department of Labor)
FECA	Federal Employees' Compensation Act
FMC	Fleet Management Center
FRM	Field Readiness Module
GSA	U.S. General Services Administration
HASP	Health and safety plan
HIV	Human immunodeficiency virus
HQ	Headquarters
HSPC	Health and Safety Program Contact
NAFIA	Non-Appropriated Funds Instrumentalities Act
OHR	Office of Human Resources (U.S. Environmental Protection Agency)
OLEM	Office of Land and Emergency Management (formerly called Office of Solid Waste and Emergency Response (OSWER))
OSC	On-Scene Coordinator
OSHA	Occupational Safety and Health Administration (U.S. Department of Labor)
OWCP	Office of Workers' Compensation Programs (U.S. Department of Labor)
PEL	OSHA's permissible exposure limit
PPE	Personal protective equipment
RTP	Research Triangle Park
SEE	Senior Environmental Employee
SHEM	Safety, health, and environmental management
SHEMP	Safety, Health, and Environmental Management Program
SSD	Safety and Sustainability Division (formerly called Safety, Health and Environmental Management Division (SHEMD))
STS	Standard threshold shift
TLV	ACGIH's threshold limit value
VIN	Vehicle identification number
WCC	Workers' Compensation Coordinator

1.0 INTRODUCTION

1.1 Background Information and Regulatory Basis

During an emergency response, EPA employees could be exposed to a hazardous agent or have a work-related injury requiring medical treatment and follow-up, witness a near miss, observe an unsafe or unhealthy working condition, or have a motor vehicle accident. When these types of incidents occur, emergency responders and their supervisors need to know what to do, who to inform, what paperwork to complete, and where to go for additional information.

This chapter addresses incident reporting and investigation. It discusses the reporting procedures for work-related injuries, illnesses, significant exposures, and motor vehicle accidents and provides basic information about obtaining medical treatment.

The reporting procedures for work-related injuries and illnesses address the requirements of both the Department of Labor's (DOL) Occupational Safety and Health Administration (OSHA) and the Office of Workers' Compensation Programs (OWCP). OSHA requires employers to (1) establish a system for reporting work-related injuries and illnesses and inform employees of the reporting procedures and (2) prepare and maintain records of work-related injuries and illnesses. Employers must determine if an injury or illness is work-related and classify it according to OSHA criteria. Employees (and their representatives) have a right to review their employer's records and get copies of records for their own injuries and illnesses. Special privacy protection is provided for certain sensitive cases such as HIV infection, hepatitis, tuberculosis, a work-related injury or illness to an intimate body part, and others.

The OWCP (located within the DOL's Division of Federal Employees' Compensation or DFEC) administers the Federal Employees' Compensation Act (FECA) which provides workers' compensation benefits to federal employees who have suffered injuries or illnesses while in the "performance of duty." These benefits include payment of medical expenses and compensation for lost wages. Claims for benefits are made by meeting OWCP's criteria for a work-related disability and submitting the appropriate forms and supporting medical evidence within the specified time frames.

The process for determining whether an injury or illness report must be filed with OWCP is evaluated differently and separately from the OSHA recordkeeping process (i.e., OSHA injury and illness recordkeeping and workers' compensation criteria are evaluated independently and maintained separately). Recording injuries and illnesses for OSHA's purposes is determined by the requirements of 29 CFR Part 1904 and has no bearing on whether a workers' compensation claim is filed. OSHA's process establishes an injury and illness reporting and recording system that provides information for the management of safety and health programs; OWCP manages and administers the compensation benefits of FECA.

This chapter also includes EPA's procedures for tracking workplace exposures and reporting near misses and hazardous conditions, and guidelines for conducting and documenting incident investigations. These procedures represent the minimum requirements that EPA must meet for incident reporting and follow up.

The information in this chapter helps EPA meet its regulatory requirements for injury and illness recordkeeping and reduce the hazards associated with emergency response activities. The following regulations and guidance provide the legal authority and requirements for administering an injury, illness, and exposure reporting program:

- OSHA regulation for recording and reporting occupational injuries and illnesses (29 CFR Part 1904).
- Basic Program Elements for Federal Employees, OSHA (29 CFR Part 1960).
- *Federal Personnel Handbook*.
- *Federal Travel Handbook*.
- *Questions and Answers about the Federal Employees' Compensation Act (FECA)*. Handbook for injured workers (Publication CA-550).
- *Injury Compensation for Federal Employees*. Handbook for employing agencies (Publication CA-810).
- Safety, Health and Environmental Management (SHEM) Guideline No. 21 (OSHA Recordkeeping and Reporting).
- SHEM Guideline No. 50 (Federal Employee Occupational Safety and Health Program).

1.2 Instructions for Users

This chapter addresses incident reporting and investigation and the procedures for obtaining medical treatment for work-related conditions. In all cases, employees must report hazardous working conditions and incidents involving injuries, illnesses, exposures, motor vehicle accidents, and near misses to their supervisors as soon as possible.

This chapter must be implemented across all EPA regions, OLEM special teams, and Headquarters (HQ). This means that each EPA organization must adopt the minimum Agency requirements and management practices listed in this chapter and produce a customized version of the chapter that is reviewed/updated on an annual basis. Other organizations within EPA are also encouraged to implement this chapter.

To customize this chapter, users must (1) complete Appendix A and (2) insert organization-specific information into the blank spaces (highlighted in yellow) that appear throughout the chapter. If organizations advocate additional policies and procedures exceeding the minimum requirements, they must document them in Appendix B. Tools have been developed to support this chapter, including a glossary (Appendix C). An implementation checklist is included the "Forms" section of the manual's website as a tool to assist each organization in ensuring that they have met the requirements of this chapter.

See the Introduction to this manual for details on customizing and posting an organization's injury, illness, and exposure reporting program to the manual's website. The website also includes tools and resources that will be helpful to users, including downloadable forms, reference documents, and training.

2.0 ROLES AND RESPONSIBILITIES

Removal Managers, Safety, Health and Environmental Management Program (SHEMP) Managers, Health and Safety Program Contacts (HSPC), On-Scene Coordinators (OSC), supervisors, Workers' Compensation Coordinators (WCC), individual emergency responders, and others have roles and responsibilities in implementing the Agency's injury, illness, and exposure reporting procedures. Appendix A details the tasks that these key personnel must perform. If an organization wishes to delegate a task to someone other than the default assignment in the appendix, users can do so when they customize Appendix A and when they fill in the yellow-highlighted areas that appear throughout the chapter's text. During a response, an OSC often serves as the Onsite Safety Officer.

3.0 INJURY, ILLNESS, AND EXPOSURE REPORTING

This section describes employee and employer reporting procedures for work-related injuries, illnesses, and significant exposures. It includes general information about OSHA's injury and illness reporting and recordkeeping requirements and OWCP's reporting procedures for an employee to obtain medical care and workers' compensation. **In all cases, employees must report every known or suspected job-related injury, illness, and significant exposure to their supervisor[1] as soon as possible to ensure proper Agency reporting and prompt receipt of appropriate medical care.**

This section also includes EPA's internal reporting and tracking requirements for hazards (chemical, physical, biological, and ergonomic) found in the workplace (Appendix D).

3.1 OSHA's Recordkeeping Regulation

Federal agency injury and illness recording and reporting requirements (29 CFR 1960.66, Recordkeeping and Reporting Requirements for Federal Employees) must comply with OSHA's recordkeeping regulation. The requirements of OSHA's recordkeeping regulation are addressed in 29 CFR Part 1904 and SHEM Guideline 21: OSHA Recordkeeping and Reporting.

The OSHA recordkeeping regulation applies to employees who perform their job functions at an EPA facility or response site. Employees include EPA employees and the following other employees who work for EPA on a day-to-day basis at an EPA facility or response site but do not have onsite management oversight provided by their direct employers.

- Contractors (including regular contract employees such as security and housekeeping personnel)
- Grantees
- Senior Environmental Employees (SEEs)
- Employees hired through the Non-Appropriated Funds Instrumentalities Act (NAFIA)
- Commissioned Officers of the Public Health Service

The basic elements of the injury and illness recordkeeping regulation required by OSHA and/or EPA policy are summarized in Text Box 1.

[1] For the purposes of this chapter, the term "supervisor" refers to EPA supervisors who supervise EPA employees only.

Text Box 1
OSHA/EPA Injury and Illness Recordkeeping Requirements

- Inform employees of the reporting procedures for work-related injuries and illnesses.
- Record injury/illness data accurately on the *OSHA Form 300 Log of Work-Related Injuries and Illnesses* (see the "Forms" section of the manual's website) in accordance with recordkeeping guidelines.
- Summarize the results of injury, illness, and fatality data annually on the *OSHA Form 300A Summary of Work-Related Injuries and Illnesses* (see the "Forms" section of the manual's website).
- Obtain appropriate certification for the *OSHA 300A Form* by a senior official.
- Complete and submit reports of work-related injuries and illnesses on the *OSHA & EPA 301 Injury, Illness and Near Miss Report* (see the "Forms" section of the manual's website).
- Maintain records for at least 5 years.
- Allow employees or their representatives access to injury and illness records.
- Notify OSHA within 8 hours of a work-related fatality or multiple hospitalizations involving three or more employees.

3.1.1 Reporting Work-Related Injuries, Illnesses, and Significant Exposures under the OSHA Recordkeeping Regulation

3.1.1.1 Employees

All employees (see Section 3.1) who experience a work-related injury or illness including a known significant exposure to a hazard in the work environment (Text Box 2 and Appendix D) must immediately report the incident to their supervisor. This reporting procedure applies to all injuries, illnesses, and significant exposures regardless of the location of the incident. Employees who experience an injury, illness, or significant exposure while traveling on official government business (i.e., travel on behalf of the federal government) or on temporary assignment to another EPA location must still report the incident to their immediate supervisor. [Note: Employees traveling on official government business require Agency authorization to travel and are said to be on "temporary duty" or TDY. A work assignment in a single location away from an employee's normal place of work (e.g., to perform special projects or studies, provide essential expertise, or assist with emergencies) is generally considered temporary if the assignment lasts for one year or less.]

Text Box 2
What Is Significant Exposure?

For the purposes of the Injury, Illness, and Exposure Reporting chapter, significant exposure means a known exposure:

- To a chemical, physical, biological, or ergonomic hazard (Appendix D) that exceeds its permissible exposure limit (PEL), threshold limit value (TLV), or other recommended exposure limit.
- That causes clinical signs or symptoms associated with a hazard in the workplace.
- From an event in the workplace with the likelihood of hazardous exposure (e.g., chemical spill, explosion).
- To the eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other materials potentially infected with bloodborne pathogens.
- To an infectious disease.
- That requires follow-up medical evaluation and/or treatment (e.g., known exposure to anthrax).

3.1.1.2 Supervisors

Supervisors must:

1. Establish a way for their employees to report work-related injuries, illnesses, and significant exposures promptly.
2. Tell each employee how to report work-related injuries, illnesses and exposures.

3. Conduct an investigation (to document the events as they transpired) and complete an *OSHA & EPA 301 Injury, Illness and Near Miss Report* **upon notification** of an injury, illness, or significant exposure.
4. Submit a copy of the completed *OSHA & EPA 301 Injury, Illness and Near Miss Report* to the local SHEMP Manager. If the employee requires medical care, also submit a copy of the completed *OSHA & EPA 301 Injury, Illness and Near Miss Report* to the local WCC.

3.1.1.3 SHEMP Managers

SHEMP Managers must review the information on the *OSHA & EPA 301 Injury, Illness and Near Miss Report* to determine if the injury or illness is OSHA-recordable, and complete the SHEMP Manager section of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* within 7 calendar days of receiving notification. Recordable cases are documented by the SHEMP Manager on the organization's *OSHA 300 Log of Work-Related Injuries and Illnesses*, a log for classifying work-related injuries and illnesses and recording the specific details of what happened and how it happened.

Recordable cases that occur while an EPA employee is at another employer's workplace or while the employee is in transit on official EPA business are recorded on the *OSHA 300 Log of Work-Related Injuries and Illnesses* of the employee's home organization. If an employee experiences a recordable injury or illness while visiting or working at another EPA location (such as on temporary work assignment to another EPA organization), the case is documented on that organization's *OSHA 300 Log of Work-Related Injuries and Illnesses* by the local SHEMP Manager (i.e., the case is recorded on the log of the EPA location where the incident occurred).

SHEMP Managers also compile and obtain site management certification of the annual *OSHA 300A Summary of Work-Related Injuries and Illnesses* (a summary form showing total recordable cases by category for the year), maintain injury and illness records, and ensure employees or their authorized representatives have access to OSHA injury and illness records.

The "Forms" section of the manual's website contains copies of the *OSHA & EPA 301 Injury, Illness and Near Miss Report*, the *OSHA 300 Log*, and the *OSHA 300A Summary of Work-Related Injuries and Illnesses*. These records must be retained by the SHEMP Manager for 5 years following the year of occurrence.

3.1.2 Work-Relatedness under the OSHA Recordkeeping Regulation

OSHA considers work-related injuries and illnesses to be abnormal conditions or disorders that occur on-the-job from an event or exposure in the work environment (Text Box 3). Exposure refers to chemical, physical, biological, and/or ergonomic hazards (Appendix D) that an employee has been subjected to during the course of employment.

Text Box 3
What Is the Work Environment?

The work environment includes locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations but also the equipment or materials used by the employee during the course of his or her work activities.

Injuries and illnesses resulting from events or exposures in the work environment are presumed to be work-related unless a specific exception applies, such as injuries or illnesses resulting from (1) eating, drinking, or preparing food or drink for personal consumption, (2) the common cold or flu, (3) "voluntary" participation in wellness or fitness programs (i.e., not required or managed by the Agency), (4) personal grooming or self-medication, and (5) other situations (see SHEM Guideline 21 and 29 CFR 1904.5). A case is presumed work-related if an identifiable event or exposure in the work environment is

a discernable cause of the injury or illness, or is a significant aggravation to a pre-existing medical condition. The work event or exposure only has to be one of the discernable causes; it does not need to be the sole or predominant cause. For example, if an employee trips while walking across a level floor, the resulting injury is considered work-related because the tripping accident occurred in the workplace. The case is work-related even if the employer cannot determine why the employee tripped, or whether any particular workplace hazard caused the accident to occur.

Work-relatedness also includes violence-related injuries and illnesses (including those resulting from terrorist attacks) and those that occur while an employee is on travel status within the United States. For travel-status situations, an employee must be engaged in work activities that are in the interest of or at the direction of the employer at the time of the injury or illness.

For OSHA recordkeeping purposes, an injury is any wound or damage to the body resulting from an event in the work environment. Examples include: cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electric shock, and a thermal, chemical, electrical, or radiation burn. Strain and sprain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall, or other similar accidents.

Illnesses include those with an abrupt onset and short course (acute) and those that persist for a long period of time (chronic). OSHA classifies illnesses into five categories: (1) skin diseases or disorders, (2) respiratory conditions, (3) poisoning, (4) hearing loss, and (5) all other illnesses (e.g., heat and cold stress, decompression sickness, effects of ionizing and nonionizing radiation, anthrax, bloodborne pathogen diseases, malignant or benign cancers, others).

3.1.3 General Recording Criteria under the OSHA Recordkeeping Regulation

For OSHA recordkeeping purposes, the local SHEMP Manager must document and report work-related injuries and illnesses that result in one or more of the following conditions:

- Death.
- Any in-patient hospitalization.
- Amputation.
- Lose of an eye.
- One or more days away from work.
- Restricted work activity or job transfer (e.g., light duty).
- Medical treatment beyond first aid (Text Box 4).
- Loss of consciousness.
- Any significant injury or illness diagnosed by a licensed health care professional.

Text Box 4
What Is First Aid?

OSHA considers the following types of treatment to be first aid:

- Using non-prescription medications at non-prescription strength.
- Administering tetanus immunizations.
- Cleaning, flushing, or soaking wounds on the skin surface.
- Using wound coverings (such as bandages, Band-Aids®, gauze pads, etc.) or using Steri-Strips™ or butterfly bandages.
- Using hot or cold therapy.
- Using any totally non-rigid means of support (such as elastic bandages, wraps, or non-rigid back belts).
- Using temporary immobilization devices while transporting an accident victim (slings, splints, neck collars, or back boards).
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters.
- Using eye patches.
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye.
- Using irrigation, tweezers, a cotton swab or other simple means to remove splinters or foreign material from areas other than the eye.
- Using finger guards.
- Using massages.
- Drinking fluids to relieve heat stress.

First aid cases are not considered OSHA recordable injuries or illnesses.

- Any case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum.
- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring an employee to be medically removed from work under the medical surveillance requirements of an OSHA standard (e.g., benzene, cadmium, formaldehyde, lead, and methylene chloride).
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a licensed health care professional after exposure to a known case of active tuberculosis.
- An employee's hearing test reveals that the employee has experienced a standard threshold shift (STS) in hearing in one or both ears and the employee's total hearing level is 25 decibels or more above audiometric zero in the same ear(s) as the STS.

3.1.4 Employee Rights and Involvement under the OSHA Recordkeeping Regulation

The OSHA recordkeeping regulation requires employers to develop a reporting system for work-related injuries and illnesses and to inform all employees of the reporting procedures. Employees and their representatives have a right to review the *OSHA 300 Log of Work-Related Injuries and Illnesses*. Additionally, employees, former employees, and their representatives can get copies of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* for their own injuries and illnesses. **Employers are prohibited from discriminating and/or retaliating against an employee for reporting a work-related injury or illness or for asking to access injury and illness records for a location the employee has worked.**

3.1.5 Employee Privacy under the OSHA Recordkeeping Regulation

The *OSHA 300 Log of Work-Related Injuries and Illnesses* requires specific information about every work-related death, injury, or illness including the case number, the identity of the employee, and a description of the case. Under certain circumstances, the employee's name is not entered on the *OSHA 300 Log of Work-Related Injuries and Illnesses*. These situations are referred to as privacy concern cases and include:

- An injury or illness to an intimate body part or the reproductive system.
- An injury or illness resulting from a sexual assault.
- A mental illness.
- A case of HIV infection, hepatitis, or tuberculosis.
- A needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

In privacy concern cases, the local SHEMP Manager must enter "privacy case" in the space normally used for the employee's name, and keep a separate confidential list of the case numbers and employee names. Employers can also use discretion in describing the injury or illness if the information describing the privacy case may identify the employee.

3.1.6 Reporting Fatalities and Multiple Hospitalization Incidents under the OSHA Recordkeeping Regulation

Within 8 hours after the death of any employee or within 24 hours for all work-related in-patient hospitalizations, amputations and losses of an eye, the SHEMP Manager or supervisor (or another designated person) must report the fatality/multiple hospitalization incident by telephone or in person to the OSHA Area Office that is nearest to the site of the incident. Notification may also be made by using OSHA's toll free central telephone number, 1-800-321-OSHA (1-800-321-6742).

The report to OSHA must contain the following information:

- Name of the response site or establishment (if applicable)
- Location and time of the incident
- Number of fatalities or hospitalized employees
- Names of any fatalities or injured employees
- Contact person and telephone number
- A brief description of the incident

3.2 Workers' Compensation Benefits and Reporting Procedures

The Federal Employees' Compensation Act provides workers' compensation benefits to federal employees for disability due to personal injury or disease sustained while in the performance of duty (see Text Box 5). In general, to be eligible for workers' compensation benefits the injury or illness must have occurred (1) while performing assigned duties or engaging in an activity reasonably associated with the employment, (2) on the work premises, or (3) off the work premises while engaging in work activity.

Benefits include payment for medical and related care (including transportation for obtaining care), wage loss compensation, and vocational rehabilitation assistance. FECA also provides for payment of benefits to dependents if a work-related injury or disease causes an employee's death. FECA benefits cannot be paid if the injury or death is caused by (1) willful misconduct (deliberate and intentional disobedience of rules/orders, not carelessness), (2) drug or alcohol intoxication (proximately caused the injury), or (3) the intent to injure oneself or others (intent must be established).

OWCP administers FECA through 12 district offices nationwide. The offices and geographic areas they serve are listed on the OWCP website. [Click on Division of Federal Employees' Compensation (DFEC) under Programs, then go to Resources and click on District Office Addresses and Telephone Contacts. The WCC is the primary interface with the OWCP.[2] Employees and supervisors must work through their WCC on matters pertaining to the OWCP.

The basic provisions of FECA and a discussion of the issues most commonly raised about entitlement to benefits are included in Publication CA-550, *Questions and Answers about the Federal Employees' Compensation Act (FECA)*. EPA employees must understand their eligibility for benefits in the event of a work-related injury or illness because benefits are not paid automatically. Benefits must be claimed by employees or their survivors.

[2] A majority of WCCs are located within Human Resources, however, in some locations the WCC can be a SHEMP Manager or another designated person.

Text Box 5
Performance of Duty

For the purposes of obtaining workers' compensation benefits, an employee is considered to be in performance of duty under the following conditions:

- Performing assigned duties or engaging in an activity which is reasonably associated with the job on or away from the Agency's premises during working hours (including authorized overtime and voluntary overtime) and 30 minutes before or after working hours. Includes areas immediately outside the building (such as steps or sidewalks and parking facilities the Agency owns, controls, or manages), workers who are sent on errands or special missions, and workers who perform services at home.
- During the reasonable use of premises the employee is required or expected to occupy, and which are furnished or made available by the Agency.
- Performing representational (labor organization) functions entitling employees to official time.
- During break or at lunch on the Agency's premises. An injury which occurs off the premises during lunch is not usually covered unless the employee is in travel status or is performing regular duties off the premises.
- During formal recreation which the employee is **required** to perform as a part of training or assigned duties, or while the employee is in pay status. (May also include informal recreation (e.g., jogging) on or off the Agency's premises and activities approved as part of an individual plan developed under a formal physical fitness program managed by the Agency.)
- When the Agency provides transportation to and from work, the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her automobile during the workday.
- While in travel status. An employee in travel status is considered to be in performance of duty 24 hours a day for all activities incidental to the work assignment including obtaining meals, using the hotel room, and traveling between the hotel and the work site. Recreational or sightseeing trips are not usually included. (Claims for injuries occurring in travel status should be accompanied by a copy of the employee's travel authorization.)

Injuries that occur under other circumstances (not described above) are determined on a case-by-case basis.

Source: Publication CA-810, *Injury Compensation for Federal Employees*, January 1999 (Section 3-4, Performance of Duty).

3.2.1 OWCP Procedures for Reporting Injuries and Illnesses and Obtaining Medical Care and Other Benefits

Employees must report all work-related injuries, illnesses, and significant exposures to their supervisor when they occur (Section 3.1.1.1 and Text Box 6). To obtain medical care and other workers' compensation benefits, EPA employees and/or their supervisors must contact the local WCC as soon as possible upon a work-related injury or illness. A listing of EPA's WCCs is available at http://intranet.epa.gov/ohr/benefits/workerscomp/coordinators.htm. One or more WCCs are designated for each region, including Headquarters, Research Triangle Park (RTP), and locations in Ann Arbor, Cincinnati, and Las Vegas. All EPA locations are covered by the designated WCCs.

Employees must obtain and complete the appropriate claim forms (Form CA-1 for an injury that occurred within one workday or workshift, or Forms CA-2 and CA-35 for conditions that occurred in the work environment over a period of time longer than one workday or workshift) from the local WCC and give the completed forms to their supervisor. If the employee is incapacitated, this action should be taken by the employee's supervisor. Supervisors complete the supervisor's portion of the forms, issue the employee receipt, and submit the completed forms to the local WCC.

The WCC compiles the required documentation, forwards the completed claim package to the local OWCP, and authorizes medical treatment by issuing Form CA-16, *Authorization for Examination and/or Treatment*, to the employee, the employee's supervisor, or directly to the medical facility (Section 3.2.1.3). **Please note that Form CA-16 is only available as a hardcopy from the WCC.**

Whenever Form CA-1 or CA-2 is filed, supervisors must also complete an *OSHA & EPA 301 Injury, Illness and Near Miss Report* and submit copies to the local SHEMP Manager and the WCC. Forms CA-1, CA-2, and others may be obtained through the WCC or the OWCP website. (Click on Find It! at the top of the Web page, then click on DOL Forms under Top 20 Requested Items.)

Text Box 6
Injury and Illness Examples

Possible injuries or illnesses that emergency responders could experience during field preparation and response activities include (but are not limited to):

- An adverse reaction to an Agency-recommended inoculation (e.g., smallpox vaccination).
- Heat stress as a result of wearing personal protective equipment (PPE) for protection against hazardous agents (training and/or actual event).
- An injury or illness from a toxic chemical released during an incident.
- An injury or illness from an agent (detergent, bleach, etc.) used during decontamination training or an actual event.
- An injury from a fall during decontamination training due to the decontamination equipment.

Employees (or someone acting on the employee's behalf if the employee is incapacitated) are responsible for (1) ensuring that updated medical documentation is submitted to their supervisor and the WCC and (2) returning to light- or full-duty work as soon as their doctor permits.

The OWCP procedures for reporting work-related injuries and illnesses and obtaining medical care and other workers' compensation benefits are discussed in Sections 3.2.1.1 through 3.2.1.7.

3.2.1.1 Filing a Traumatic Injury Claim

A traumatic injury is an injury that occurs within one workday or workshift. Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, is used to report a traumatic injury. Employees (or someone acting on the employee's behalf, such as the supervisor) must carefully complete the front of Form CA-1 and submit it to their supervisor **within 24 hours** from the date of injury. This reporting timeframe is a requirement of the EPA Office of Human Resources (OHR). To receive continuation of pay (COP) for a disabling job-related traumatic injury, employees must file Form CA-1 within 30 days following the injury and provide medical evidence in support of the disability within 10 days of submitting the Form CA-1. COP is continuation of an employee's regular pay for up to 45 calendar days of wage loss due to medical treatment and/or disability. It is paid by the employer only for traumatic injury. Employees with occupational illness claims are not eligible to receive COP.

Supervisors must complete and sign Form CA-1 and submit the completed form to the local WCC **within 48 hours** from the date they were first informed of the employee's injury. (This reporting timeframe is also a requirement of the EPA OHR). Supervisors must also complete and sign the *Receipt of Notice of Injury* that is attached to the form and return it to the employee for his or her records along with a copy of the completed CA-1. The WCC forwards the completed injury claim form to the OWCP within 10 workdays from the date of receipt.

Supervisors must authorize COP on the employee's timecard (if the employee is claiming a traumatic injury within 30 days of its occurrence) and work closely with the timekeeper and the WCC to ensure COP has been authorized. Supervisors must also advise the employee of his or her responsibility to

submit medical evidence of the injury-related disability within 10 working days of submitting Form CA-1, or risk termination of COP.

3.2.1.2 Filing an Occupational Disease Claim

An occupational illness or disease is a condition that develops in the work environment over a period of time longer than one workday or workshift. Examples include carpal tunnel syndrome, hearing loss, and stress. Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, and Form CA-35, *Evidence Required in Support of a Claim for Occupational Disease*, are used to report an occupational illness or disease. Employees receive two copies of the appropriate checklist from Form CA-35 for the illness or disease claimed. One checklist is for the employee to mark and return; the second checklist is for the employee to take to his or her health care professional.

Employees (or someone acting on the employee's behalf, such as the supervisor) must carefully complete the front of Form CA-2 and the left side of the appropriate CA-35 checklist and give the completed forms to their supervisor **within 24 hours** (OHR requirement) from the date they realized their illness or disease was caused (or aggravated) by employment. Supervisors must explain to employees the need for detailed information and advise them to furnish the supporting factual and medical information requested on the CA-35 checklist. If possible, the supporting information should be submitted with Form CA-2 and the Form CA-35 checklist.

Supervisors must complete Form CA-2 and the Form CA-35 checklist and submit them to the local WCC **within 48 hours** (OHR requirement) from the date they were first informed of the employee's illness or disease. Supervisors also complete and sign the receipt attached to Form CA-2, *Receipt of Notice of Occupational Disease or Illness*, and return it to the employee for his or her records along with a copy of the completed form. The WCC forwards the completed occupational disease claim forms to the OWCP within 10 workdays from the date of receipt.

The actions that a supervisor must take when an employee files Form CA-1 or Form CA-2 are summarized in Text Box 7 and Text Box 8, respectively. Claims for both injuries and illnesses not submitted within 3 years are barred by statutory time limitations unless the employee's supervisor or WCC had knowledge of the injury (or death) within 30 days of the occurrence.

3.2.1.3 Obtaining Medical Treatment

When medical treatment is required for an injury (Text Box 9), employees (or someone acting on the employee's behalf, such as the supervisor) must ask their local WCC to authorize medical treatment by completing the front of Form CA-16, *Authorization for Examination and/or Treatment*. Form CA-16 authorizes examination and appropriate medical care, is valid for up to 60 days from the date of issuance, and guarantees payment to the health care provider. WCCs must complete Form CA-16 within 4 hours of the request whenever possible. Employees must take Form CA-16 with them to the health care provider, along with Form OWCP-1500, *Health Insurance Claim Form*, which the health care provider must use to submit bills to OWCP. **Form CA-16 may be faxed directly to the medical facility by the WCC or the employee's supervisor.**

Text Box 7
Actions Supervisors Must Take When an Employee Submits Form CA-1

Supervisors must:

1. Review the front of Form CA-1 for completeness and accuracy, and assist the employee in correcting any deficiencies found. The form must contain the original signature of the person giving notice.
2. Complete and sign the reverse side of the form, including providing a telephone number in case there are questions about the claim. Insert the appropriate codes on both the front and back of the form. Codes must be included for occupation, type and source of injury, agency identification, and location of duty station by zip code. (The type and source of injury and illness codes and their use are described in Publication CA-810 (*Injury Compensation for Federal Employees*), available on the OWCP website under the Division of Federal Employees' Compensation (DFEC).
3. Sign the receipt attached to the form and give the receipt and a copy of the completed form to the employee.
4. Ensure that the local WCC has authorized medical care if needed (Form CA-16).
5. Inform the employee of the right to elect continuation of pay (COP), or annual or sick leave if time loss will occur.
6. Advise the employee whether COP will be denied, and if so, whether pay will be terminated.
7. Advise the employee of his or her responsibility to submit medical evidence of disability within 10 working days of submission of Form CA-1 or risk termination of COP.
8. Submit completed Form CA-1 to the local WCC with supporting information within 48 hours from the date first informed of the employee's injury.

Text Box 8
Actions Supervisors Must Take When an Employee Submits Form CA-2

Supervisors must:

1. Ensure that the employee receives two copies of the appropriate checklist from Form CA-35.
2. Review the front of Form CA-2 for completeness and accuracy, and assist the employee in correcting any deficiencies found. The form must contain the original signature of the person giving notice.
3. Complete and sign the reverse side of Form CA-2, including providing a telephone number. Insert the appropriate codes on both the front and back of the form (see Step 2 in Text Box 7).
4. Sign the receipt attached to Form CA-2 and give the receipt and a copy of the completed form to the employee.
5. Review the employee's portion of the form and provide comments on the employee's statement.
6. Prepare a supporting statement to include exposure data, test results, copies of reports of previous medical examinations, and/or witness statements, depending on the nature of the case.
7. Advise the employee of the right to elect sick or annual leave or leave without pay, pending adjudication of the claim.
8. Review the Form CA-35 checklist received from the employee and complete the Employing Agency section.
9. Submit completed Form CA-2 and the Form CA-35 checklist to the local WCC within 48 hours from the date first informed of the employee's illness or disease. If possible, submit the supporting medical evidence with these forms.

If immediate medical care is required, employees should go to the nearest health care facility or to their private health care provider. Employees should ask their supervisor for assistance in making transportation arrangements or in calling for an ambulance. The WCC or the employee's supervisor must authorize medical treatment by telephone and then send or fax the completed CA-16 form to the medical facility within 48 hours.

If an employee does not request medical treatment within 24 hours of the injury, the WCC may still authorize medical care using Form CA-16. However, if more than one week has passed since the injury, the WCC may refuse to issue a CA-16. Employees may not use Form CA-16 to authorize their own treatment.

If medical treatment is required because of a work-related illness or disease (Text Box 9), employees should obtain care directly from a health care provider in the indicated field. If the case is approved, OWCP will pay for the medical treatment required by the condition(s), including treatment received before approval. Form CA-16 cannot be used to authorize medical treatment for a condition that occurred over the course of more than one workshift without prior approval from OWCP. If approval is granted, the name and title of the OWCP official granting the approval must be shown on the front of Form CA-16.

Text Box 9
Obtaining Medical Care—Traumatic Injury versus Occupational Disease or Illness

A **traumatic injury** is a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific incident or event, or a series of incidents or events, **within a single day or work shift.** Traumatic injuries include damage solely to or destruction of prostheses, such as artificial limbs or dentures. Traumatic injuries also include damage to or destruction of personal appliances such as eyeglasses, contact lenses, or hearing aids, if they were damaged incidental to a personal injury requiring medical services.

An **occupational disease or illness** is a condition produced by the work environment **over a period longer than one workday or shift**. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes, or other continuing conditions of the work environment. The length of exposure, not the cause of the injury or the medical condition that results, determines whether an injury is traumatic or occupational. For example, if an employee is exposed to hazardous fumes for 2 or more days, the incident is considered an occupational disease.

Employees have the initial choice of a health care provider and may select any qualified local health care provider or hospital to provide treatment for an injury or illness or may use agency medical facilities if available. Qualified health care providers include doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors[3], and osteopathic practitioners within the scope of their practice as defined by state law.

The health care provider must complete the reverse of Forms CA-16 and OWCP-1500 and forward the forms to OWCP; the WCC may ask the provider for a copy of the forms as well. To obtain medical treatment, the employee may be provided transportation and/or reimbursed for travel and incidental expenses. Employees should complete Form OWCP-957, *Medical Travel Refund Request*, and submit it to the WCC to claim any mileage accrued in visits to and from the health care provider which are associated with their injury or illness. Twenty-five miles from the place of injury, place of employment, or the employee's home is generally considered a reasonable distance to travel for medical care unless appropriate care is not available within that distance.

If the original treating health care provider wishes to refer the employee for additional testing or specialized treatment, the health care provider may do so on the basis of the Form CA-16 already issued.

[3] Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

The original treating health care provider and any health care provider the employee is referred to are guaranteed payment for 60 days from the date of issue of Form CA-16, unless this authority is terminated by OWCP at an earlier date. If the claim is approved, treatment may continue at OWCP expense.

If an employee wishes to change health care providers at a later date, he or she must contact OWCP in writing for approval and include the reasons for requesting the change.

Providers must bill OWCP directly for initial medical treatment. If they do not, and the employee pays for any portion of the treatment, the employee must claim reimbursement by **promptly** submitting itemized bills from the provider with a completed Form OWCP-1500 signed by the provider, and Form OWCP-915, *Claim for Medical Reimbursement*, to the local WCC.

3.2.1.4 Establishing the Essential Elements of Your Claim

Employees must provide the evidence needed (burden of proof) to show that (1) they filed for benefits in a timely manner; (2) they are federal employees; (3) the injury or illness occurred in the performance of duty and as reported; and (4) the condition or disability is related to the injury/illness or factors of their federal employment. The WCC and the OWCP will assist employees with this process by requesting documentation of the evidence needed for employees to complete the requirements of their claim.

3.2.1.5 Filing a Claim for Workers' Compensation

Workers' compensation payments are made after wage loss begins and the medical evidence shows that the employee cannot perform the duties of his or her regular job. For an employee that experiences a traumatic injury, workers' compensation is payable after the 45 days of COP have ended and 3 waiting days have elapsed in leave-without-pay status.

For occupational illnesses and diseases, and for traumatic injuries where there is no entitlement to COP, workers' compensation is payable after 3 waiting days have elapsed in leave-without-pay status. No waiting period is required when the disability causing wage loss exceeds 14 days or permanent disability exists. Workers' compensation is generally paid at the rate of 2/3 of the employee's salary if the employee has no dependents and 3/4 of the employee's salary if the employee claims one or more dependents.

To file a claim for workers' compensation, an employee (or someone acting on the employee's behalf, such as the supervisor) must complete Form CA-7, *Claim for Compensation*, and submit it to the local WCC. Employees that are not entitled to COP must submit Form CA-7 when they enter or expect to enter a leave-without-pay status. The WCC must send the completed form to the appropriate OWCP district office within 5 workdays of receipt. Employees with traumatic injuries whose disability will last beyond 45 days must give the completed form to the WCC 7 to 10 days before the end of the COP period. The WCC must send the completed form to OWCP on the 40th day of COP. Form CA-7 must also be used to claim continuing workers' compensation, when a previous CA-7 claim has been made. Employees are not required to use their sick or annual leave before claiming workers' compensation. However, if an employee does so, the employee may repurchase that leave, subject to Agency concurrence, if the claim is approved.

Each workers' compensation payment must be supported by medical evidence (a report from a health care provider) which shows that the employee is disabled for work during the period of the claim. This report may be made on Form CA-16 or on Form CA-20, *Attending Physician's Report*. It may also be made in a letter on the health care provider's letterhead stationery, or in the form of a health plan or hospital summary. The report must be signed by the health care provider or contain the health care provider's

signature stamp. **Employees (or someone acting on the employee's behalf, such as the supervisor) are responsible for arranging for submittal of medical evidence to the WCC.**

Supervisors may consult OWCP Publication CA-810, *Injury Compensation for Federal Employees*, for comprehensive information on the claims process. For additional information not addressed in this publication, supervisors should contact their local WCC or OWCP district office. If there is any doubt whether coverage is applicable, the injured employee should file a claim and the employee's supervisor should provide specific information for submission to the appropriate OWCP district office. The OWCP district office will make the final determination.

3.2.1.6 Returning to Work

Employees who are disabled from their regular jobs are expected to return to suitable light- or limited-duty work identified by their employer. If such work is not available, OWCP provides medical and vocational rehabilitation services to help employees return to work, either with EPA, another federal employer, or in the private sector.

If a light duty job is available, employees must provide a copy of the written job description to the health care provider who diagnosed their condition and ask their provider if and when they can perform the light duty job and to specify any work restrictions. Employees can also check with a Federal Occupational Health physician if the diagnosing health care provider is unavailable. Employees must promptly notify EPA of their health care provider's instructions concerning return to work, and arrange for EPA to receive written verification of this information. COP or workers' compensation may be terminated if an employee refuses work which is within his or her medical restrictions, or if an employee does not respond to a job offer from the Agency within the specified time limits.

3.2.1.7 Benefits Families May Be Entitled to in the Event of an Employee's Death

For additional information about compensation benefits or for assistance in filing a claim, family members should contact the EPA Office of Human Resources or appropriate OWCP district office. EPA Directory Assistance is available by calling (202) 272-0167.

4.0 MOTOR VEHICLE ACCIDENT REPORTING

In the event of an accident involving a motor vehicle, the EPA motor vehicle operator (driver) should call for emergency services (e.g., 911) if able to do so and try to stay calm and quiet while awaiting help. Emergency first aid and hospital care will generally be provided by local services and facilities supported by the community. Upon notification, the employee's supervisor and the WCC are responsible for arranging for any treatment or care the employee may require (Text Box 11 and Section 3.2.1). Injured employees must also complete Form CA-1 describing fully how they were injured and the nature of the injury (Section 3.2.1.1). If an employee is physically unable to complete Form CA-1, the employee's supervisor or someone else acting on the employee's behalf should complete the form. *Note: Contractor accidents must be reported to their employer.*

If the driver is not injured or is otherwise able, he or she must take the following actions:

Text Box 11
When Traveling on Official Government Business

Employees traveling on government business should always carry complete personal identification (government identification and travel authorization), including the name, address, and telephone number(s) of their immediate supervisor and someone who should be notified in the event of a serious injury. This information will allow police to make prompt notification if necessary.

1. Render any appropriate assistance or first aid and call emergency services if necessary.
2. Report the accident to area police. Obtain the names and official affiliation of the investigating officers and a copy of the police report, if available.
3. Do not sign or make a statement as to responsibility for the accident, except to his or her supervisor or the government investigator.
4. Get the facts after all necessary emergency actions have been taken:
   - Name, address, and telephone numbers of each witness. Ask the witnesses to complete Standard Form 94 (SF-94), *Statement of Witness*.
   - Identification information on the other driver(s): name, address, telephone numbers, operator's license number and expiration date.
   - Registration and insurance information for the other vehicle(s): owner's name and address, license plate (tag number), VIN (vehicle identification number), vehicle description, name and address of the company insuring the other vehicle(s), and the insurance policy number.
   - Name, address, and telephone number of each person involved and the extent of injury (to the extent practical), if any.
   - Pertinent information such as location, time, measurements, road and weather conditions, extent of any damage, use of seatbelts, airbag deployment, etc.
5. Take photographs of the accident scene and include license plate numbers, if possible.
6. Complete Standard Form 91 (SF-91), *Motor Vehicle Accident Report*, even if damage to the vehicle is not noticeable.
7. Notify his or her supervisor and the Vehicle Manager (or another designated person) as soon as feasible. The driver's supervisor may contact the Vehicle Manager (or another designated person) on behalf of the driver.
8. Call GSA's Accident Management Center (AMC) toll free at **1-866-400-0411, Option 2** (6:00 a.m. to 7:00 p.m., Central Standard Time) to report an accident or other incident involving a GSA vehicle. For support after hours, call Voyager at 1-800-621-3588. Roadside assistance may also be available. The AMC is responsible for all body and glass damage repair for GSA fleet vehicles. Drivers are responsible for reporting an accident or incident to the AMC. If a driver is unable to make the report, the driver's supervisor is responsible for making the report. Any accident involving a fatality must be reported to the AMC and the servicing Fleet Management Center (FMC) within 24 hours.
9. Contact the rental company if the vehicle is rented from a commercial rental company. This information will be on the rental agreement. Rental vehicles available under agreement with the government include full coverage insurance for damages resulting from an accident while performing official travel.

Text Box 12
Claims for Damages

A lawsuit for property damage, personal injury, or death resulting from an EPA employee's operation of a motor vehicle becomes a suit against the U.S. Government rather than against the individual employee, provided operation of the motor vehicle was within the scope of the employee's employment. Employees must establish to the satisfaction of the U.S. Attorney for the jurisdiction in which the accident occurred that they were acting within the scope of their employment and not for their personal benefit or pleasure at the time of the accident.

10. Refer any third parties (non-government persons) wanting to file a claim for damages or personal injury to his or her supervisor (or another designated person) (Text Box 12). All third parties must file Standard Form 95 (SF-95), *Claim for Damage, Injury, or Death*, with the Agency.
11. File (and keep copies of) any required reports to comply with local and state laws dealing with accident reporting.
12. Check with his or her personal insurance carrier for their requirements.

EPA employees should follow their organization's specific policies related to motor vehicle accidents. *(Note: EPA regions may have different policies, as each state has separate requirements for reporting property damage associated with vehicular accidents.)*

The vehicle driver must submit all completed forms (SF-91, SF-94) to his or her supervisor (or another designated person) within 5 business days of the accident, including a copy of his or her authorization to travel (if on travel), a copy of the rental contract if the vehicle is a rental vehicle, a copy of any traffic regulation or ordinance which was violated (e.g., traffic or parking violations), a copy of the police report (if available), and any other documents, receipts, or reports associated with the incident.

Any telephone calls or legal documents (e.g., notices, summons, pleadings and other papers) that the driver receives (requesting answers to questions pertaining to the accident) must be promptly reported and forwarded to the driver's supervisor or Vehicle Manager (or another designated person).

The driver's supervisor must complete the *OSHA & EPA 301 Injury, Illness and Near Miss Report* (see the "Forms" section of the manual's website) and give a copy of the completed form to the local SHEMP Manager and the Vehicle Manager (or another designated person) if the driver is injured or the incident meets the definition of a "near miss" (Section 5.0). If the driver requires medical care a copy of the report must also be provided to the local WCC (Section 3.1.1.2). The driver's supervisor (or another designated person) must also investigate the incident, complete the supervisor and accident investigation sections of SF-91, and ensure that the investigation report and supporting documentation (SF-91, SF-94, police report, photographs, measurements, doctors' certificates of bodily injuries, operator's statements, and any other pertinent information) are provided to the Vehicle Manager or AMC (or another designated person). For incidents involving GSA fleet vehicles, the investigation report and supporting documentation must be provided to the AMC within 5 business days after the time of the accident (or next business day). [Fax numbers: AMC-Atlanta, Georgia: 1-404-608-2247 or AMC-Kansas City, Missouri: 816-823-3634]

Copies of SF-91, SF-94, and SF-95 must be carried in any motor vehicle owned, leased, or rented by the Agency including privately owned vehicles (POV) used for official business. These forms are available on the GSA home page by clicking on Standard Forms in the Forms Library. GSA fleet vehicles come equipped with a Vehicle Accident Reporting Kit (GSA Form 1627) located in the vehicle glove box. This kit contains the required forms, guidance on what to do in the event of an accident or other emergency, and information pertaining to self-insurance and registration. GSA fleet vehicles are not insured because the Federal Government is a self-insurer and are not usually registered within a particular state.

4.1 Restricted Use of Government Vehicles

Employees may use a government-owned, leased, or rented vehicle for official business purposes only. This includes transportation:

- Between places of official business.
- Between places of official business and places of temporary lodging when public transportation is unavailable or its use is impractical.

- Between places of official business or places of official business and temporary lodging and restaurants, drug stores, barber shops, places of worship, cleaning establishments, and similar places necessary for sustenance, comfort, or health of the employee.
- As authorized by the Agency.

Employees are responsible for any additional cost resulting from unauthorized use of a government vehicle. To operate a government vehicle for official travel, an employee must have a valid driver's license and a travel authorization specifically authorizing the use of a government-furnished vehicle.

4.2 Use of Privately Owned Vehicles

Employees may not use a POV for official government business unless the POV is covered under a travel authorization or has been approved by a supervisor. This requirement applies to employees using their POV before, during, or after a work day. Emergency responders must contact their supervisor or Vehicle Manager (or another designated person) before the choice of a POV is selected for incident response activities. Whenever a POV is used for official business, employees must carry a set of government accident reporting forms (SF-91, SF-94, and SF-95). Vehicle accidents with a POV must be reported as described above in Section 4.0.

The Federal Employees' Compensation Act protects employees against losses due to personal injuries received while operating a POV on official government business. Employees are also immune from civil liability to other parties for property damage, personal injury, or death resulting from the operation of a motor vehicle within the scope of their employment (Text Box 12) (Federal Drivers Act). This immunity applies whether the vehicle is a POV or government furnished vehicle. The government will defend any such claim or suit and pay any damage award to the injured party provided the use of the POV was authorized by the Agency and the employee was engaged in government business at the time of the accident. Various factors may be considered to determine whether an employee driving a POV is within the scope of employment and applicable state law and the particular facts of each case will determine the outcome, which may vary considerably from jurisdiction to jurisdiction.[4]

If an accident is caused by an employee's negligent operation of a vehicle, and his or her POV is damaged, the cost of repairing the vehicle will not be paid for by the government (Military Personnel and Civilian Employees' Claim Act of 1964). Employees should look to their own private insurance carrier for reimbursement, payable under the terms of their own automobile insurance policy. Employees should inform their private automobile insurance carrier that they may/will use their POV for official government business **prior to doing so** to ensure adequate coverage in the event their POV is damaged in an accident. If the accident is determined not to have been caused by an employee's negligence, the employee will be reimbursed for the deductible portion of the repair not covered by the employee's automobile insurance policy, up to a maximum of $250.00 deductible. The employee may also collect payment from the other party's insurance.

[4] Among the factors considered to determine whether an employee driving a POV is within the scope of employment are the following: (1) was the use of the POV authorized; (2) was the employee engaged in government business at the time of the accident; (3) did the government exercise or have the right to exercise control over the employee in the use of the vehicle; (4) did the employee deviate sufficiently from assigned duties to take him or her out of the scope of employment; and (5) was the employee's trip undertaken primarily for the benefit of the government, or was the trip at least as beneficial to the government as it was to the employee. Source: The Judge Advocate General's School, U.S. Army, JA 241, The Federal Tort Claims Act [pages IV-11 and IV-12] (April 1999).

5.0 NEAR MISSES

A "near miss" is any work-related event, potential occurrence, incident, action, or condition, which could have resulted in a significant personal injury, illness, or property damage, but either the injury, illness, or damage was minor, was averted through prompt mitigative action, or did not occur due to timing or separation by distance or location.

For the purposes of this definition, an injury or illness would be considered minor if it did not meet OSHA's general recording criteria for a work-related injury or illness (see Section 3.1.3). Examples of near misses in a field setting include (but are not limited to):

- An injury or illness that is not OSHA recordable or a first aid case:
  - A non-routine exposure event that could have resulted in injury or illness but did not.
  - A slippery deck on a boat that caused an employee to lose his/her balance and fall overboard but did not result in injury because the employee was rescued immediately.
  - Use of a poorly fitting respirator or protective clothing with a tear in it, but no exposure occurred.
- Exposure to extreme heat that could have resulted in significant heat stress but did not because it was recognized and averted before employee illness occurred.
- A motor vehicle accident that resulted in minor vehicle or property damage.

5.1 Near Miss Reporting Procedures

5.1.1 Employees

Employees who were involved in, witnessed, or identified a near miss incident or occurrence must report the incident or occurrence within 24 hours to their supervisor and work with their supervisor to complete the applicable sections of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* (see the "Forms" section of the manual's website). Some of the questions on the form (i.e., questions 6 through 9 and question 16) are not applicable to near misses and may be left blank.

5.1.1.1 Anonymous Reporting

Employees who wish to remain anonymous may report a near miss incident directly to their local SHEMP Manager (verbally or by completing the *OSHA & EPA 301 Injury, Illness and Near Miss Report* with all relevant information except their identity and forwarding the form directly to the SHEMP Manager) or report the incident through the EPA Injury, Illness and Near Miss Reporting Hotline at 877-301-SAFE (or 877-301-7233).

The reporting hotline has been established to assist EPA employees in reporting near misses and injuries and illnesses. The hotline is not intended to be used for reporting emergencies. Hotline operators will provide information and help the caller fill out and submit the *OSHA & EPA 301 Injury, Illness and Near Miss Report* or simply collect the required information from the caller and fill out and submit the form for the caller to the SHEMP Manager. In either case, the hotline operator will ask the caller if he or she wishes to remain anonymous and assist the caller accordingly.

The reporting hotline hours of operation are 8 a.m. to 5 p.m. Eastern Standard Time (EST), Monday through Friday. Employees can leave a message if an operator is not available or during off hours. Hotline operators answer calls and check/respond to voicemails each morning and during the hours of operation.

5.1.2 Supervisors

Supervisors must work with employees that report near misses to ensure the *OSHA & EPA 301 Injury, Illness and Near Miss Report* is completed and submitted to the local SHEMP Manager within 48 hours of receiving employee notification of a near miss incident or occurrence.

5.1.3 SHEMP Managers

Within 2 weeks of receiving a near miss report, the SHEMP Manager must evaluate the report to determine if it is a work-related near miss, identify and implement corrective action, and complete the SHEMP Manager section of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* according to the requirements of SHEM Guideline 21. SHEMP Managers also perform follow-up activities regarding corrective actions and update near miss reports as needed, maintain original near miss report forms, and collect near miss information from other sources within their organization (e.g., facility health units, workers' compensation coordinators, security personnel and reports, internal and external inspections, and facility equipment and operations and maintenance reports).

6.0 UNSAFE OR UNHEALTHY WORKING CONDITIONS

EPA is required to respond to employee reports of workplace hazards. Employee reports of unsafe or unhealthy working conditions are addressed by SHEM Guideline 50 (Federal Employee Occupational Safety and Health Program) and 29 CFR Part 1960 (Basic Program Elements for Federal Employee Occupational Safety and Health Programs).

6.1 Employee Reports

Emergency responders who believe that an unsafe or unhealthy working condition exists in any workplace where they are engaged in Agency activities must report the condition to their supervisor or the Onsite Safety Officer (or another designated person) as soon as possible. Employees may report orally or through a written report. In the event of an imminent danger situation (Section 6.2), employees must make reports by the most expeditious means available. Whenever possible, supervisors or the Onsite Safety Officer (or another designated person) must take immediate corrective action in response to oral reports of unsafe or unhealthy working conditions.

6.1.1 Log of Employee Reports

Reports of unsafe or unhealthy working conditions and the corrective actions taken must be accurately recorded and maintained in a log at each worksite by the supervisor or Onsite Safety Officer (or another designated person). As a minimum, each log must contain the following information:

- Date and time of the report
- Name of the employee (or representative of employees)
- Code, reference, or file number of the report
- Location of the condition
- Brief description of the condition
- Classification of the condition (imminent danger, serious, other)
- Action taken and date

At the request of the employee making the report, the reporting employee's name or the names of individual employees referred to in the report must not be disclosed to anyone other than authorized representatives of the Department of Labor (e.g., OSHA).

Logs of employee reports of hazardous working conditions must be retained in site files and it is recommended that EPA organizations forward copies to the SHEMP Manager (or another designated person). A sample log that may be used for documenting employee reports of hazardous working conditions is included in the "Forms" section of the manual's website.

6.2 Workplace Inspections

When an employee reports workplace hazards, the supervisor or Onsite Safety Officer (or another designated person) must conduct a workplace inspection within 24 hours for imminent dangers, 3 working days for potentially serious conditions, and 20 working days for other than serious safety and health conditions (Text Box 13). If the hazardous condition(s) can be abated immediately, employees must be promptly notified and an inspection may not be necessary.

Text Box 13
Imminent Danger versus Serious Condition

Imminent Danger
Any condition or practice in any workplace where a danger exits which could reasonably be expected to cause death or serious physical harm immediately or before the danger can be eliminated through normal procedures.

Serious Condition
A hazard, violation, or condition with a substantial probability that death or serious physical harm could result.

6.3 Employee Notifications

An employee submitting a report of unsafe or unhealthy conditions must be notified in writing within 15 days by the supervisor or Onsite Safety Officer (or another designated person) if a hazard does not exist and an inspection is not warranted.

If an inspection or investigation is conducted, the report must be made available to the employee(s) who reported the unsafe or unhealthy condition. The supervisor or Onsite Safety Officer (or another designated person) must make the report available within 15 days after completion of the inspection for safety violations or within 30 days for health violations.

6.4 Abatement Plans

EPA must ensure prompt abatement of unsafe or unhealthy working conditions. Whenever an unsafe or unhealthy condition cannot be corrected within 30 calendar days, the Onsite Safety Officer (or another designated person) must prepare an abatement plan with a proposed timetable for the abatement, and a summary of steps being taken in the interim to protect employees. Employees exposed to the conditions (and their representatives) must be informed of the provisions of the plan. When a hazardous condition is eventually abated, all affected employees and their representatives must be notified.

6.5 Whistleblower Protection

EPA employees have the right to report unsafe or unhealthy working conditions without fear of reprisal or discrimination (prohibited personnel practices). An employee (or former employee) who believes that reprisal actions are/have been taken against him or her for reporting a violation of a law, rule, or regulation may file a complaint with the U.S. Office of Special Counsel, Complaints Examining Unit, 1730 M Street, NW, Suite 201, Washington, DC 20036-4505 (1-800-872-9855).

Information about complaint procedures and the form (Form OSC-11, *Complaint of Possible Prohibited Personnel Practice or Other Prohibited Activity*) that must be used to submit a complaint are available on

the Office of Special Counsel website. There are no time limitations for filing a complaint of reprisal or retaliation for whistleblowing with the Office of Special Counsel.

7.0 INCIDENT INVESTIGATION AND REPORTING

All incidents involving work-related injuries, illnesses, near misses, and property damage must be investigated to determine the root cause and develop appropriate corrective actions. The extent of each investigation will depend on the outcome or potential outcome of the incident.

Each incident which results in a fatality or the hospitalization of three or more employees (i.e., a catastrophic incident) must be investigated. Evidence at the scene of the incident must be left untouched, to the extent possible, until investigators have examined the scene.

The supervisor or Onsite Safety Officer (or another designated person) is responsible for incident investigation. A major incident may require support from the HQ's Safety and Sustainability Division (SSD) or outside parties.

7.1 Conducting an Incident Investigation

The purpose of an incident investigation is to identify and record the facts about the incident and determine a course of action to prevent a recurrence. An incident investigation should examine the entire sequence of events leading to the incident (as far back in time as the investigator feels is relevant) and determine the root cause, not just identify an unsafe act or hazardous condition. A variety of investigation and analysis techniques are available depending on the severity of the incident. The minimum amount of information that must be collected includes the who, what, when, where, how, and why of the incident.

Incident investigations must be conducted as soon as possible after the incident has occurred and must not exceed the timeframes specified in Section 6.2 for workplace inspections. Incident investigations for near misses must be completed within 2 weeks.

7.2 Documenting an Incident Investigation

Incident investigations must be documented. An incident investigation report must include all of the causal factors (e.g., equipment, environment, people, management) associated with the incident as well as the recommended corrective and preventative actions. The report must include the following minimum information regarding the incident:

- Date, time, and location of the incident
- Description of the operations/task/activity
- Description of the incident
- Photographs
- Interviews of affected employees and witnesses
- Measurements
- Corrective/preventive actions
- Other relevant information (e.g., applicable standards and their effectiveness)

The supervisor or Onsite Safety Officer (or another designated person) must submit a copy of the completed incident investigation report to the Removal Manager, the official in charge of the response site, the Lead OSC, the local SHEMP Manager, and the employee representative (if applicable). For motor vehicle incidents, the investigation report must also be submitted to the Vehicle Manager or AMC (or another designated person).

For catastrophic incidents (e.g., fatalities, hospitalization of three or more employees), SHEMD must provide a copy of the completed investigation report to the Office of Federal Agency Programs (FAP) in OSHA's Directorate of Enforcement Programs. FAP's primary mission is to ensure that federal agencies are provided with the guidance necessary to implement effective occupational safety and health programs.

Copies of incident investigation reports must be retained in site files and it is recommended that EPA organizations forward copies to the SHEMP Manager (or another designated person).

8.0 TRAINING

All emergency responders must receive injury, illness, and exposure reporting training prior to performing work in the field, and EPA recommends that refresher training is provided biannually thereafter. The initial training must cover (1) reporting procedures and applicable forms for injuries, illnesses, exposures, near misses, motor vehicle accidents, and hazardous working conditions; (2) obtaining medical treatment; and (3) filing workers' compensation claims. For those employees who are supervisors or Onsite Safety Officers, training must also cover the procedures for conducting and reporting workplace hazard inspections and incident investigations. Table 1 summarizes the elements that must (at a minimum) be included in the initial training. Refresher training does not need to be an exact duplicate of the initial training; but it must cover all of the training elements presented in Table 1 to the extent needed and any new information or procedures developed since the previous training.

The SHEMP Manager (or another designated person) must ensure that emergency responders receive initial and refresher training, that training requirements are documented and tracked in the Field Readiness Module (FRM), and that the Removal Manager (or another designated person) is made aware of which employees have (and which have not) completed their training requirements. The HSPC (or another designated person) may assist with these tasks. To support the training effort, the Removal Manager (or another designated person) must provide the resources (including time and monetary support) needed to complete the training requirements.

Table 1
Injury, Illness, and Exposure Reporting Training Elements

Emergency Responders	Supervisors and Onsite Safety Officers
• Basic elements of OSHA's recordkeeping regulation including the associated forms and employee rights and privacy. • Employee reporting procedures for work-related injuries, illnesses, and significant exposures[a] • Submitting Forms CA-1, CA-2 and relevant supporting information and forms. • Obtaining medical treatment. • Continuation of pay (COP). • Filing a claim for worker's compensation. • Completing the *Exposure, Injury, and Dosimetry Tracking Form*.	• All of the training elements for emergency responders. • Completing and submitting the *OSHA & EPA 301 Injury, Illness and Near Miss Report*. • Reporting fatalities and multiple hospitalization incidents. • Completing and submitting Forms CA-1 and CA-2 and relevant supporting information and forms. • Obtaining authorization for medical treatment. • Completing and submitting Form CA-7. • Awareness regarding OWCP Publication CA-810.

Emergency Responders	Supervisors and Onsite Safety Officers
• Employee reporting procedures for a motor vehicle accident. • Employee reporting procedures for near misses. • Reporting unsafe or unhealthy working conditions and the associated follow-up actions.	• Reviewing and submitting the *Exposure, Injury, and Dosimetry Tracking Form*. • Reviewing and completing SF-91. • Responding to reports of unsafe or unhealthy working conditions. • Conducting and reporting incident investigations.

[a] Also includes SEEs, employees hired through NAFIA, and commissioned officers of the Public Health Service.

9.0 RECORDKEEPING

Proper recordkeeping is an essential component of the Agency's incident reporting and investigation procedures. The goal is to ensure that nationally consistent, readily accessible records are maintained by each EPA organization. Table 2 and Sections 9.1 through 9.12 provide details about the recordkeeping procedures for incident reporting and investigation, who is expected to complete specific forms, and who must retain copies of the records.

9.1 OSHA & EPA 301 Injury, Illness and Near Miss Report

The *OSHA & EPA 301 Injury, Illness and Near Miss Report* (see the "Forms" section of the manual's website) must be completed for all work-related injuries, illnesses, significant exposures, and near misses. The employee's supervisor must complete the applicable sections of the report with information obtained from the employee and submit it to the local SHEMP Manager. For near miss reporting, an employee who wishes to remain anonymous may complete the applicable sections of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* and submit it directly to the SHEMP Manager. *OSHA & EPA 301 Injury, Illness and Near Miss Reports* must be completed and maintained by the SHEMP Manager for 5 years following the year of occurrence.

Table 2
Injury, Illness, and Exposure Reporting Recordkeeping Requirements

Required Record	Details/Specified Forms	Completed/Compiled By[a]	Retained By[a]
EPA requirements for reporting work-related injuries, illnesses, significant exposures, and near misses (Sections 3.1, 5.1, and 9.1)	*OSHA & EPA 301 Injury, Illness and Near Miss Report* (see the "Forms" section of the manual's website)	• Supervisor (with information from the employee) • Individual employee for anonymous near miss reports	• SHEMP Manager • WCC (if medical care required)
OSHA requirements for the specific details about each recordable injury or illness and a summary of the totals for the year by category (Sections 3.1.1.3 and 9.2)	*OSHA 300 Log* and *OSHA 300A Summary of Work-Related Injuries and Illnesses* (see the "Forms" section of the manual's website)	• SHEMP Manager	SHEMP Manager
OWCP requirements for reporting work-related injuries and illnesses (Sections 3.2 and 9.3)	• Form CA-1 for traumatic injuries • Form CA-2 and Form CA-35 (with supporting medical evidence) for illnesses and diseases	• Individual employee • Supervisor (or another designated person) with information from the employee • Health care provider	• WCC • OWCP

Required Record	Details/Specified Forms	Completed/Compiled By[a]	Retained By[a]
OWCP requirements for obtaining and paying for medical treatment for work-related injuries and illnesses (Sections 3.2 and 9.4)	• Form CA-16 (authorization for medical treatment) • Form OWCP-1500 (insurance claim form) • Form OWCP-915 (reimbursement form) • Form OWCP-957 (medical travel refund)	• WCC • Individual employee • Supervisor (or another designated person) • Health care provider	• WCC • OWCP
OWCP requirements for filing a claim for workers' compensation (Sections 3.2 and 9.5)	• Form CA-7 (claim for workers' compensation) • Form CA-20 or equivalent (health care provider's report)	• Individual employee • Supervisor (or another designated person) • Health care provider	• WCC • OWCP
Reporting a motor vehicle accident (Sections 4.0 and 9.7)	• SF-91 (motor vehicle accident report) • Authorization to travel (if on travel) • Rental contract (if rental vehicle) • Police report (if available) • Other	• Driver (individual employee) • Supervisor (or another designated person)	• Vehicle Manager • AMC • SHEMP Manager • Other
	SF-94 (statement of witness	Witness(es)	
	SF-95 (claims for personal injury and property damage)	Claimants (third parties that experienced injuries and/or property damage)	
	OSHA & EPA 301 Injury, Illness and Near Miss Report (see the "Forms" section of the manual's website) if driver injured or incident is a near miss	Supervisor (with information from the driver/employee)	
Maintaining a log of employee reports of unsafe or unhealthy working conditions (Sections 6.1.1 and 9.8)	Log of Employee Reports of Unsafe or Unhealthy Working Conditions (see the "Forms" section of the manual's website)	Supervisor or Onsite Safety Officer (or another designated person)	• Site files • SHEMP Manager
Addressing employee reports of unsafe or unhealthy working conditions (Sections 6.2, 6.3, 6.4, and 9.9)	Workplace inspection reports, employee notifications, and abatement plans	Supervisor or Onsite Safety Officer (or another designated person)	• Site files • SHEMP Manager
Investigating incidents involving injuries, illnesses, near misses, and property damage (Sections 7.0 and 9.10)	Incident Investigation Reports	Supervisor or Onsite Safety Officer (or another designated person)	• Site files • SHEMP Manager • Other (Vehicle Manager, AMC, or another designated person for motor vehicle accidents)

Required Record	Details/Specified Forms	Completed/Compiled By[a]	Retained By[a]
Training Records (Sections 8.0 and 9.11)	Training certificates or rosters (see the "Forms" section of the manual's website)	• SHEMP Manager (certificates) • Course Instructors (rosters)	Individual employees[b]

[a] The assignments in this table have been made with regional audiences in mind, and as a result, the positions listed might not be applicable to all organizations. Users can adjust the assignments when they go through the process of customizing this chapter.

[b] Employees must provide documentation certifying the completion of their training requirements to the SHEMP Manager or HSPC (or another designated person), who in turn will document it in the FRM.

9.2 OSHA 300 Log and OSHA 300A Summary of Work-Related Injuries and Illnesses

Work-related injuries and illnesses that meet OSHA's general recording requirements must be documented on the *OSHA 300 Log* and annual OSHA *300A Summary of Work-Related Injuries and Illnesses* (see the "Forms" section of the manual's website). These records are completed and maintained by the local SHEMP Manager and must be retained for 5 years following the year of occurrence.

9.3 Forms CA-1, CA-2, and CA-35

An employee that experiences a work-related injury, illness, or significant exposure must complete the applicable sections of Form CA-1 or Form CA-2 and submit it to his or her supervisor. These forms may also be completed by someone acting on the employee's behalf. Supervisors must complete and sign these forms and submit them to the local WCC. Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, must be used to report conditions that occur in the course of one work shift (these conditions are referred to as traumatic injuries). Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, must be used to report conditions that occur over the course of more than one work shift. When an employee (or someone acting on the employee's behalf) files Form CA-2, the applicable checklist from Form CA-35 and the required supporting information should also be submitted with Form CA-2 to the WCC. Form CA-35 checklists have sections that must be completed by both the employee and the employee's supervisor.

9.4 Forms CA-16, OWCP-1500, OWCP-915, and OWCP-957

When an employee requires medical treatment for a traumatic injury (a condition that occurred over the course of one work shift), the WCC authorizes medical treatment by completing the applicable section of Form CA-16, *Authorization for Examination and/or Treatment*. The employee takes Form CA-16 to the health care provider along with Form OWCP-1500, *Health Insurance Claim Form*. In an emergency, the WCC (or the employee's supervisor) may authorize medical treatment by telephone and must send/fax the required forms to the medical facility within 48 hours. The health care provider completes the applicable sections of Forms CA-16 and OWCP-1500 and forwards the completed forms to OWCP.

Health care providers must bill OWCP directly for initial medical treatment. If an employee is required to pay for covered medical treatment, he or she can claim reimbursement from OWCP by submitting itemized bills from the provider with a completed Form OWCP-1500 signed by the health care provider, and Form OWCP-915, *Claim for Medical Reimbursement*.

To obtain medical treatment, an employee may be reimbursed for travel and incidental expenses. To claim mileage accrued in visits to and from a health care provider, employees must complete Form OWCP-957, *Medical Travel Refund Request*, and submit it to the WCC.

9.5 Forms CA-7 and CA-20

Forms CA-7, *Claim for Compensation*, and CA-20, *Attending Physician's Report*, are used to file claims for workers' compensation when an employee with a work-related injury or illness cannot perform the duties of his or her regular job and experiences wage loss. Employees must complete the employee portion of Form CA-7 and submit it to their supervisor. Supervisors complete and sign Form CA-7 and forward it to the WCC.

Each workers' compensation payment must be supported by a report from a health care provider which shows that the employee is disabled for work during the period of the claim. This report may be made on Form CA-16 or on Form CA-20. It may also be made in a letter on the health care provider's letterhead stationery, or in the form of a health plan or hospital summary. Form CA-20 (or other report formats with this information) are completed by the health care provider and submitted directly to OWCP.

9.6 Standard Forms 91, 94, and 95, and Supporting Information

Standard Form 91, *Motor Vehicle Accident Report*, Standard Form 94, *Statement of Witness*, and Standard Form 95, *Claim for Damage, Injury, or Death*, must be used for motor vehicle accidents. Standard Form 91 is completed by the motor vehicle operator and his or her supervisor; Standard Form 94 is completed by any witness to the accident.

Standard Forms 91 and 94 are submitted by the motor vehicle operator to his or her supervisor along with copies of the following supporting information:

- *OSHA & EPA 301 Injury, Illness and Near Miss Report* (completed and submitted by the driver's supervisor with input from the driver).
- Driver's authorization to travel (if on travel).
- Rental contract (if the vehicle is a rental).
- Police report (if available).
- Other relevant documents (e.g., copy of regulation or ordinance violated/traffic citation, etc.).

Standard Form 95 is submitted directly to EPA by third parties for claims of personal injury and property damage alleged to have occurred as a result of the motor vehicle accident.

The driver's supervisor (or another designated person) submits the forms, supporting information, and the investigation report to the Vehicle Manager or AMC (or another designated person).

Copies of Standard Forms 91, 94, and 95 are available by clicking on "Standard Forms" under the "Forms Library" on the GSA website.

9.8 Log of Employee Reports of Unsafe or Unhealthy Working Conditions

Reports of hazardous working conditions must be recorded and maintained in a log at the response site by the supervisor or Onsite Safety Officer (or another designated person). The logs must be retained in site files and it is recommended that EPA organizations forward copies to the SHEMP Manager (or another designated person).

9.9 Inspections, Notifications, and Abatement Plans Pertaining to Reports of Unsafe or Unhealthy Working Conditions

When an employee submits a report of hazardous working conditions, he or she must be notified in writing by the supervisor or Onsite Safety Officer (or another designated person) if a hazard does not exist and an inspection is not warranted. If an inspection is conducted, the supervisor or Onsite Safety Officer (or another designated person) must provide the employee with a copy of the inspection report and abatement plan (if applicable). Copies of any written workplace inspections, employee notifications, or abatement plans pertaining to reports of unsafe or unhealthy working conditions must be retained in site files and it is recommended that EPA organizations forward copies to the SHEMP Manager (or another designated person).

9.10 Incident Investigation Reports

All incidents involving injuries, illnesses, near misses, and property damage must be investigated (and properly documented) by the supervisor or Onsite Safety Officer (or another designated person) to determine the root cause and prevent a recurrence. Copies of completed investigation reports must be retained in site files and it is recommended that EPA organizations forward copies to the SHEMP Manager (or another designated person). Incident investigation reports for motor vehicle accidents must also be retained by the Vehicle Manager or AMC (or another designated person).

9.11 Training Records

When an employee completes initial or refresher injury, illness, and exposure reporting training, a record must be established as proof that the employee successfully completed the training. Each EPA organization may determine their own format for documenting employee training requirements (e.g., a training certificate or a training roster signed by the course instructor(s) [see the "Forms" section of the manual's website]). Training records must include the dates of training, information on the content covered, signature or initials of the trainer(s), and the names and job titles of all persons attending the training. Emergency responders must obtain a training certificate (or an equivalent form of documentation) that certifies that they have completed the required training. They must present this documentation to the SHEMP Manager or HSPC (or another designated person, who in turn will ensure that the training is documented in the FRM. Upon completing that task, the SHEMP Manager or HSPC (or another designated person) is not required to retain a hardcopy of the training documentation. Emergency responders should, however, retain proof that they have completed the training.

APPENDIX A

Injury, Illness, and Exposure Reporting: Designation of Roles and Responsibilities

Instructions for Users

Appendix A provides a place for users to insert organization-specific information into the Injury, Illness, and Exposure Reporting chapter. The appendix presents a list of tasks that must be performed to ensure proper incident reporting and investigation. The tasks are listed in rows. EPA position titles (e.g., the SHEMP Manager or the Health and Safety Program Contact) are listed in columns. Each task has been assigned to a default position. For some of the tasks, check marks have been placed in two or more columns to indicate that more than one person is responsible for that task. **Please note that users can re-delegate tasks**.

Users must take the following steps to customize Appendix A:

- Fill in the background information requested at the top of page A-3. For example, indicate when the table is being updated and who is doing the updating.
- Fill in actual names under the position titles.
- Add additional key players to the table (if necessary). *Note: The chapter authors have already provided a placeholder to add a new position, as the last column is labeled "Other." Users should customize this column to identify the position title (and name) of any additional key player assigned responsibility to implement this chapter. Users can insert more columns to include additional key players (if necessary).*
- Add rows to the end of the table (if necessary) to provide information about activities that exceed the minimum requirements already included in Appendix A. (See Appendix B for a list of your organization's additional policies and procedures related to this chapter.)
- Determine whether any of the recommended task assignments must be delegated to another person. (If so, move the check marks to re-assign the task.)
- Ensure that each task has indeed been assigned.

ATTENTION OLEM Special Teams and HQ Users: The tasks and position titles that appear in Appendix A have been written with regional audiences in mind. OLEM special teams and HQ users should modify the language that appears in the rows and column headers to reflect the needs of their organization.

APPENDIX A
Task Table for Implementing Injury, Illness, and Exposure Reporting Procedures

This table has been customized for: Region 4.
Last Updated on: March 3, 2017.
Updated by: Kevin Eichinger.

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
General Tasks										
1. Ensure that the procedures outlined in the Injury, Illness, and Exposure Reporting chapter are being followed by all responsible parties. Support any related initiatives that the SHEMP Manager establishes.	✓									
2. Serve as the organization's technical expert (or establish a link to a technical expert) on the subject of incident reporting and investigation.		✓								
3. Facilitate and coordinate all incident reporting and investigation-related issues for EPA's emergency responders.			✓							
4. Implement the Injury, Illness, and Exposure Reporting chapter by: (1) customizing the chapter with organization-specific information, (2) reviewing/updating the customized version annually, and (3) adopting the requirements and procedures in the chapter. Post the customized chapter to the manual's website and inform stakeholders of its availability.	✓	✓	✓	✓	✓	✓				
Tasks Associated with OSHA Injury and Illness Reporting and Recordkeeping (Section 3.1)										
5. Establish a way for workers to report work-related injuries, illnesses, and significant exposures promptly. Tell each worker how to report work-related injuries, illnesses, and significant exposures. Conduct an investigation to document the events as they transpired, complete an *OSHA & EPA 301 Injury, Illness and Near Miss Report* **upon notification** of any injury, illness, or significant exposure, and submit the completed report to the SHEMP Manager.				✓	✓					
6. Report all work-related injuries, illnesses, and significant exposures to your immediate supervisor.						✓				
7. Review the information on the *OSHA & EPA 301 Injury, Illness and Near Miss Report*, determine if the injury or illness is OSHA-recordable, and complete the SHEMP Manager section of the report within 7 calendar days.		✓								

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
8. Document the organization's OSHA-recordable injuries and illnesses (including those that occur in the field) on the *OSHA 300 Log*.		✓								
9. Document OSHA-recordable injuries and illnesses (on your *OSHA 300 Log*) that an employee experiences when visiting or on temporary work assignment to your organization.		✓								
10. Upon request, provide an employee access to the *OSHA 300 Log(s)* for the location(s) the employee worked.		✓								
11. Upon request, provide employees, former employees, and their representatives with copies of the *OSHA & EPA 301 Injury, Illness and Near Miss Report* for their own injuries.		✓								
12. Enter "privacy case" in the space used for the employee's name on the *OSHA 300 Log* when applicable (see Section 3.1.5).		✓								
13. Notify OSHA within 8 hours of a work-related fatality or within 24 hours for all work-related in-patient hospitalizations, amputations and losses of an eye		✓		✓	✓					
Tasks Associated with Workers' Compensation Benefits and Reporting Procedures (Section 3.2)										
13. Contact the WCC to discuss procedures for medical care or workers' compensation when an employee reports a work-related injury, illness, or significant exposure.				✓	✓	✓				
14. Complete Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, for traumatic injuries and other conditions that occur in the course of one work shift. [Employees should submit Form CA-1 to their supervisor within 24 hours from the date of injury. Form CA-1 MUST be filed within 30 days of the date of injury to be eligible for COP.]				✓	✓	✓				
15. Advise employees submitting Form CA-1 (1) of their responsibility to submit medical evidence of injury-related disabilities within 10 calendar days; (2) their right to elect COP, or annual or sick leave if time loss will occur; and (3) whether COP will be denied, and if so, whether pay will be terminated.				✓	✓	✓			✓	
16. Complete Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, for illnesses and other conditions that occur over the course of more than one work shift. [Employees should submit Form CA-2 to their supervisor within 24 hours of the date they realized the illness or condition was caused (or aggravated) by employment.]				✓	✓	✓				

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
17. Give employees submitting Form CA-2 two copies of the appropriate checklist from Form CA-35, *Evidence Required in Support of a Claim for Occupational Disease*, and advise them of their responsibility to furnish the supporting factual and medical information requested on the checklist.				✓	✓				✓	
18. Complete the appropriate checklist from Form CA-35.				✓	✓	✓				
19. Advise employees submitting Form CA-2 of the right to elect sick or annual leave or leave without pay, pending approval of their claim.				✓	✓				✓	
20. Sign and return to employees the receipts attached to Forms CA-1 and CA-2 and give them copies of the completed forms.				✓	✓					
21. Submit completed Forms CA-1 and CA-2 with supporting information and forms to OWCP within 10 workdays from the date of receipt.									✓	
22. Authorize medical treatment for traumatic injury by completing Form CA-16, *Authorization for Examination and/or Treatment*. In an emergency, authorize medical treatment by telephone and then send or fax the completed form to the medical facility within 48 hours. For an occupational illness or disease, issue Form CA-16 ONLY if OWCP has given prior approval.				✓	✓				✓	
23. Bring Form CA-16 (completed and signed by the WCC) and Form OWCP-1500, *Health Insurance Claim Form*, to the health care provider when obtaining medical treatment.						✓				
24. Complete the reverse of Forms CA-16 and OWCP-1500 and forward them to OWCP.							✓			
25. Submit promptly to the WCC itemized bills from the health care provider with a completed Form OWCP-1500 signed by the provider, and Form OWCP-915, *Claim for Medical Reimbursement*, when claiming reimbursement for medical treatment billed directly to the employee. Submit Form OWCP-957, *Medical Travel Refund Request*, when claiming reimbursement for medical travel expenses.						✓				
26. File a claim for workers' compensation when wage loss occurs and the employee cannot perform the duties of his or her regular job by submitting Form CA-7, *Claim for Compensation*, with the supporting medical evidence (Form CA-20, *Attending Physician's Report*, or equivalent) to the WCC.				✓		✓	✓		✓	
27. Send the completed Form CA-7 to the appropriate OWCP district office within 5 workdays from the date of receipt.									✓	
28. Consult Publication CA-810, *Injury Compensation for Federal Employees*, for comprehensive information on the workers' compensation claims process.				✓		✓				

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
29. Consult Publication CA-550, *Questions and Answers about the Federal Employees' Compensation Act (FECA)*, for information on the basic provisions of FECA and a discussion of the issues most commonly raised about entitlement to workers' compensation benefits.				✓		✓				
Tasks Associated with Motor Vehicle Accident Reporting (Section 4.0)										
30. Report the accident to area police. Exchange identification and incident information (names, addresses, telephone numbers, insurance companies, statements, etc.) with the operator of any other vehicle involved and with any injured persons. Document the extent of any injuries or damage to the extent practical.						✓				
31. Obtain the names, addresses, telephone numbers, and statements of witnesses. Have witnesses complete Standard Form 94, *Statement of Witness*.						✓				
32. Record all pertinent information before leaving the scene of the accident. Complete Standard Form 91, *Motor Vehicle Accident Report*, and submit it and all supporting documentation to your supervisor (or another designated person) within 5 business days of the incident.						✓				
33. Provide Standard Form 95, *Claim for Damage, Injury, or Death*, to other parties wanting to file a claim for property damage, personal injury, or wrongful death.				✓		✓				
34. Notify the rental company about the accident if the vehicle is a commercial rental.				✓		✓				
35. Notify your supervisor and the Vehicle Manager (or another designated person) as soon as feasible after the accident.						✓				
36. Complete the *OSHA & EPA 301 Injury, Illness and Near Miss Report* if the driver is injured or the incident meets the definition of a "near miss" (see the "Forms" section of the manual's website). Give a copy of the completed report to the local SHEMP Manager and the Vehicle Manager (or another designated person).				✓	✓	✓				
37. Investigate the motor vehicle accident and ensure that the supervisor and accident investigation sections of Standard Form 91 are completed.				✓	✓					
38. Report the accident to GSA if the vehicle is a GSA fleet vehicle.				✓		✓				
39. Obtain a copy of the police report, if available.						✓				

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	**SHEMP Manager**	**HSPC**	**Immediate Supervisors**	**Onsite Safety Officer**	**Emergency Responders***	**Health Care Provider**	**Vehicle Manager**	**WCC**	**Other**
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
40. Forward all completed forms to the Vehicle Manager or AMC (or another designated person): Standard Form 91, Standard Form 94, *OSHA & EPA 301 Injury, Illness and Near Miss Report*, employee's authorization to travel (if on travel), rental contract (if a commercial rental), police report (if available), other documents, receipts, or reports associated with the incident.				✓		✓				
41. Forward any telephone calls or legal notices or summons to answer questions pertaining to the accident to your supervisor or Vehicle Manager (or another designated person).				✓		✓				
42. Contact your supervisor or Vehicle Manager (or another designated person) for authorization before using a POV for response activities. Inform your private automobile insurance carrier that you may/will use your POV for official government business, if applicable.						✓				

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	**SHEMP Manager**	**HSPC**	**Immediate Supervisors**	**Onsite Safety Officer**	**Emergency Responders***	**Health Care Provider**	**Vehicle Manager**	**WCC**	**Other**
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
Tasks Associated with Near Misses (Section 5.0)										
43. Report near miss incidents that you were involved in, witnessed, or identified to your supervisor within 24 hours of the occurrence. Work with your supervisor to complete the applicable sections of the *OSHA & EPA 301 Injury, Illness and Near Miss Report*.	✓			✓	✓	✓				
44. Submit the completed *OSHA & EPA 301 Injury, Illness and Near Miss Report* to the local SHEMP Manager within 48 hours of receiving notification of a near miss incident or occurrence.				✓	✓					
45. Report near miss incidents anonymously by (1) contacting the local SHEMP Manager (verbally or by completing the *OSHA & EPA 301 Injury, Illness and Near Miss Report* with all relevant information except your identity and forwarding the form to the SHEMP Manager) or (2) reporting the incident through the EPA Reporting Hotline.						✓				
46. Evaluate near miss reports within 2 weeks of receiving notification. Determine if the reports are work-related near misses, identify and implement corrective action, and complete the SHEMP Manager section of the *OSHA & EPA 301 Injury, Illness and Near Miss Report*. Perform follow-up activities regarding corrective actions and update near miss reports as needed.		✓		✓						
Tasks Associated with Unsafe or Unhealthy Working Conditions (Section 6.0)										
47. Report (orally or through a written report) unsafe or unhealthy working conditions in any workplace where you are engaged in Agency activities to your supervisor or Onsite Safety Officer (or another designated person). Report imminent danger situations by the most expeditious means available.						✓				
48. Take immediate corrective action in response to oral reports of unsafe or unhealthy working conditions, whenever possible.				✓	✓					
49. Record and maintain reports of unsafe or unhealthy working conditions in a log at each worksite (see Section 6.1.1).				✓	✓					
50. Do not disclose the reporting employee's name or the names of individual employees referred to in the report to anyone other than OSHA, upon the request of the employee making the report.				✓	✓					
51. Ensure that logs of employee reports of hazardous working conditions are retained in site files and forward copies (recommended) to the SHEMP Manager (or another designated person).		✓		✓	✓					

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
52. Conduct workplace inspections within 24 hours for imminent danger reports, 3 working days for reports of potentially serious conditions, and 20 working days for reports of other than serious safety and health conditions.				✓	✓					
53. Notify employees promptly when a hazardous working condition can be abated immediately.				✓	✓					
54. Notify employees in writing within 15 days when a hazard does not exist and an inspection is not warranted.				✓	✓					
55. Make inspection or investigation reports available to employees (who reported the hazardous working condition) within 15 days after completion of the inspection for safety violations and within 30 days for health violations.				✓	✓					
56. Prepare an abatement plan whenever an unsafe or unhealthy condition cannot be corrected within 30 calendar days. Include a proposed timetable for the abatement and a summary of steps taken in the interim to protect employees. Inform affected employees (and their representatives) of the provisions of the plan and when the hazardous condition is abated.				✓	✓					
Tasks Associated with Incident Investigation and Reporting (Section 7.0)										
57. Investigate incidents involving injuries, illnesses, near misses, and property damage to determine the root cause and develop corrective actions. Ensure, to the extent possible, that evidence at the scene of a catastrophic incident is left untouched until the scene has been examined by investigators.		✓		✓	✓					
58. Conduct incident investigations as soon as possible after the incident has occurred and ensure that the investigation time frame does not exceed those specified for workplace hazard inspections.		✓		✓	✓					
59. Document incident investigations and include the following minimum information listed in Section 7.2.		✓		✓	✓					
60. Submit a copy of the incident report to the Removal Manager, official in charge of the response site, the Lead OSC, the local SHEMP Manager, and the employee representative (if applicable). For motor vehicle accidents, also submit the investigation report to the Vehicle Manager or AMC (or another designated person).		✓		✓	✓					
61. Ensure that copies of any incident investigation reports are retained in site files and forward copies (recommended) to the SHEMP Manager (or another designated person).		✓		✓	✓					

TASKS ▼ / ROLES ►	Who Is Responsible for Each Task or Action?									
	Removal Manager	SHEMP Manager	HSPC	Immediate Supervisors	Onsite Safety Officer	Emergency Responders*	Health Care Provider	Vehicle Manager	WCC	Other
Name of person in role ►	See Appendix A-2 in the Introduction chapter for the names of personnel that fill these roles.									
Tasks Associated with Training (Section 8.0)										
62. Develop (and/or arrange for) appropriate training that addresses all of the components specified in Table 1 of this chapter. Ensure that training is delivered to emergency responders and that they successfully complete all required training (e.g., initial and refresher).		✓	✓							
63. Participate in injury, illness, and exposure reporting training as required.	✓	✓	✓	✓	✓	✓				
Tasks Associated with Recordkeeping (Section 9.0)										
64. Ensure that training requirements are documented and tracked in the FRM and that the Removal Manager or supervisor is aware of employees that have (and have not) completed their training requirements.	✓	✓	✓	✓						
65. Retain copies of your injury, illness, and exposure reporting training certifications.						✓				
66. Retain OSHA work-related injury and illness records (i.e., *OSHA & EPA 301 Injury, Illness and Near Miss Reports, OSHA 300 Logs,* and *OSHA 300A Summaries*) for 5 years following the year of occurrence.		✓								
67. Retain copies of OWCP forms and documentation pertaining to work-related traumatic injuries and illnesses/diseases, authorization for medical treatment, payment/reimbursement for medical treatment, and claims for workers' compensation.				✓	✓	✓			✓	
68. Ensure that logs of employee reports, employee notifications, workplace inspection reports, and abatement plans pertaining to unsafe or unhealthy working conditions are retained in site files and forward copies (recommended) to the SHEMP Manager (or another designated person).		✓			✓					
69. Retain copies of motor vehicle accident records (i.e., *OSHA & EPA 301 Injury, Illness and Near Miss Report*, SF-91, SF-94, SF-95, employee's authorization to travel, rental vehicle contract, police report, other documents/receipts associated with the incident).		✓		✓	✓	✓		✓		
Additional Tasks that Reflect Organization-Specific Procedures (Appendix B)										
Attention users: Add rows if necessary.										

*Note: A list of the organization's emergency responders is provided in Appendix A-2 of the Introduction chapter.

APPENDIX B

Injury, Illness, and Exposure Reporting: Documentation of Additional Policies and Procedures

The procedures and tasks outlined in the Injury, Illness, and Exposure Reporting chapter represent the **minimum requirements** that each EPA organization must meet. If organizations advocate the use of additional policies and procedures, they must document them in the table below. After doing so, they must also:

- Ensure that any of the additional policies and procedures that are added to the table below are also addressed in the main text of the Injury, Illness, and Exposure Reporting chapter. This can be accomplished by either (1) inserting the additional policies and procedures directly into the relevant portions of the main body of the chapter or (2) adding a sentence within the main text that directs readers to Appendix B for more information.
- Update Appendix A to capture any additional tasks that are listed in the table below and ensure that each task is assigned to a specific individual.

Topic	**Please document the additional elected policies and procedures required for Region 4 here.**
Section 3.1.1 Reporting Work-Related Injuries, Illnesses, and Significant Exposures under the OSHA Recordkeeping Regulation	See R4 ERRB Standard Operating Guidelines at https://response.epa.gov/hsmanualregion4 1. SOG A105: Accident, Injury and Near Miss Procedures
Section 3.1.2 Work-Relatedness under the OSHA Recordkeeping Regulation	
Section 3.1.3 General Recording Criteria under the OSHA Recordkeeping Regulation	
Section 3.1.4 Employee Rights and Involvement under the OSHA Recordkeeping Regulation	
Section 3.1.5 Employee Privacy under the OSHA Recordkeeping Regulation	
Section 3.1.6 Reporting Fatalities and Multiple Hospitalization Incidents under the OSHA Recordkeeping Regulation	
Section 3.2.1 OWCP Procedures for Reporting Injuries and Illnesses and Obtaining Medical Care and Other Benefits	
Section 4.0 Motor Vehicle Accident Reporting	
Section 4.1 Restricted Use of Government Vehicles	
Section 4.2 Use of Privately Owned Vehicles	
Section 5.0 Near Misses	
Section 5.1.1 Near Miss Reporting Procedures—Employees	

Topic	Please document the additional elected policies and procedures required for Region 4 here.
Section 5.1.2 Near Miss Reporting Procedures—Supervisors	
Section 6.1 Unsafe or Unhealthy Working Conditions— Employee Reports	
Section 6.1.1 Log of Employee Reports	
Section 6.2 Workplace Inspections	
Section 6.3 Employee Notifications	
Section 6.4 Abatement Plans	
Section 7.0 Incident Investigation and Reporting	
Section 7.1 Conducting an Incident Investigation	
Section 7.2 Documenting an Incident Investigation	
Section 8.0 Training	
Section 9.0 Recordkeeping	
Other topics _____ _____ _____ _____ _____	

APPENDIX C

Glossary

GLOSSARY

Biological hazard
Biological hazard means any microbial, animal, or botanical hazard. Microbial hazards include viruses, bacteria, fungi, rickettsiae, chlamydiae, protozoa, and bioaerosols. Animal hazards include invertebrates (e.g., worms, insects, spiders, ticks, etc.) and cold- and warm-blooded vertebrates (e.g., lizards, snakes, crocodiles, alligators, rats, mice, bats, raccoons, etc.). Botanical hazards include plants and plant products (e.g., trees, shrubs, vines, weeds, flowers, ferns, mosses, grasses, and others).

Bloodborne pathogens
Bloodborne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Chemical hazard
Chemical hazard means any element, compound, or mixture of elements and compounds. Chemical hazards may be solid, liquid, or gaseous in form and include aerosols, dusts, fumes, gases, mists, smoke, and vapors.

Employees
For the purposes of OSHA injury and illness recordkeeping and reporting, an employee refers to EPA employees and non-EPA employees. Non-EPA employees work on a day-to-day basis at an EPA facility or response site but do not have onsite management oversight provided by their direct employers. Non-EPA employees include those hired through the Non-Appropriated Funds Instrumentalities Act (NAFIA), Commissioned Officers of the Public Health Service, contractor employees (including cleaning and security personnel), grantees, and Senior Environmental Employees (SEEs).

Establishment
An establishment is a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees do not work at a single physical location (such as employees whose responsibilities require that they perform field work), the establishment is represented by a main or branch office that either supervises such activities or is the base from which employees carry out these activities.

Ergonomic hazard
Ergonomics is the scientific discipline dealing with the interaction between humans and their working environment. Ergonomics improves quality, productivity, comfort, and workplace safety by maximizing the fit between people, their work activities, equipment, work systems, and environment. Ergonomic hazards include, but are not limited to, repeated or prolonged reaching, twisting, bending, working overhead, kneeling, squatting, or holding fixed positions; excessive lifting, pushing, pulling, holding, carrying, pinching, gripping, or throwing of an object; repetitive motion; and contact with hard or sharp surfaces.

Exposure
Exposure or exposed means that an employee is subjected to a chemical, physical, biological, or ergonomic hazard in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential exposure (e.g., possible or accidental). It does not include situations where the employer can demonstrate that the hazard is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

Fatality
Fatality means death resulting from an injury or illness.

First aid
First aid includes the following treatments (for OSHA recordkeeping purposes this list is complete; any treatment not included is not considered first aid):

- Using nonprescription (over-the-counter or OTC) medication at nonprescription strength (using OTC medication at prescription strength is medical treatment).
- Administering tetanus immunizations (other immunizations are medical treatment).
- Cleaning, flushing, or soaking wounds on the surface of the skin.
- Using wound coverings such as Band-Aids®, gauze pads, Steri-Strips™, or butterfly bandages.
- Using hot or cold therapy.
- Using a non-rigid means of support such as non-rigid back belts and elastic bandages and wraps (devices or systems for immobilizing body parts are medical treatment).
- Using temporary immobilization devices to transport an accident victim such as back boards, neck collars, slings, or splints.
- Draining fluid from a blister or drilling a fingernail or toenail to relieve pressure.
- Using eye patches.
- Removing foreign bodies from the eye with irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eye using tweezers, cotton swabs, irrigation, or other simple means.
- Using finger guards.
- Using massages (physical therapy and chiropractic treatment are medical treatment).
- Drinking fluids for relief of heat stress.

Incident
Incident means activities involving fatalities, injuries, illnesses, significant exposures, near misses, and property damage that must be investigated to determine the root cause and correct any underlying concerns.

Infectious disease
Infectious disease means a disease in humans or animals resulting from the presence and activity of a pathogenic microbial agent. Examples of infectious disease include hepatitis B, hepatitis C, human immunodeficiency virus, tuberculosis, meningitis, hemorrhagic fevers, small pox, plague, and others.

Injury or illness
For the purposes of the OSHA recordkeeping regulation (29 CFR Part 1904), an injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute (short term) and chronic (long term) illnesses such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Imminent danger
Imminent danger means conditions or practices posing a danger which could reasonably be expected to cause death or serious physical harm immediately or before action can be taken to eliminate the danger through normal practices or procedures. The following conditions must be met for a hazard to be an imminent danger: (1) there must be a threat of death or serious physical harm. Serious physical harm means a part of the body could be damaged so severely that it could not be used at all or very well; (2) for a health hazard there must be a reasonable expectation that toxic substances or other health hazards are present and that exposure to them will shorten life or cause substantial reduction in physical or mental

efficiency. The harm caused by the health hazard does not have to occur immediately; and (3) the threat must be immediate or imminent; you must believe that death or serious physical harm could occur within a short period of time.

Medical treatment
Medical treatment means the medical management and care of an individual to combat disease or a disorder. For recordkeeping purposes, it does not include (1) visits to a licensed health care provider just for observation or counseling; (2) diagnostic procedures such as blood tests and X-rays, including the administration of prescription drugs solely for diagnostic purposes (e.g., eye drops to dilate pupils); or (3) any treatment considered first aid treatment (see the definition of first aid).

Medical removal cases
When an employee is removed from work exposures under the medical surveillance requirements of any OSHA standard, the case is recordable and must be listed on the log of work-related injuries and illnesses (OSHA's Form 300). Examples of OSHA standards with medical removal provisions include the lead (29 CFR 1910.1025), cadmium (29 CFR 1910.1027), methylene chloride (29 CFR 1910.1052), formaldehyde (29 CFR 1910.1048), and benzene (29 CFR 1910.1028) standards.

Near miss
A "near miss" is any work-related event, potential occurrence, incident, action, or condition, which could have resulted in a significant personal injury, or illness or property damage, but either the injury, illness, or damage was minor, was averted through prompt mitigative action, or did not occur due to timing or separation by distance or location.

An injury or illness would be considered minor for the purpose of this definition if it did not result in a loss of time (days away from work), restricted work, transfer to another job, medical treatment beyond minor first aid, loss of consciousness, or hospitalization and if it did not require diagnosis by a licensed health care provider.

Examples of near misses in a field setting include, but are not limited to: (1) a slippery deck that caused a worker to lose his/her balance and fall overboard but that did not result in injury because the worker was rescued immediately; (2) exposure to extreme heat that could have resulted in significant heat stress but did not because it was recognized and averted before employee illness occurred; (3) use of protective clothing with a tear in it, but no exposure occurred; and (4) use of an improperly fitting respirator, but no exposure occurred.

Needlestick and sharps injuries
For recordkeeping purposes, needlestick and sharps injuries means injuries with needlesticks or sharps that are contaminated with another person's blood or other potentially infectious material as defined by OSHA's bloodborne pathogens standard (29 CFR 1910.1030). Such injuries must be recorded regardless of whether the blood or other potentially infectious material contains pathogenic microorganisms (bloodborne pathogens). Sharps include any object that can penetrate skin such as needles and broken glass.

Physical hazard
Physical hazard means non-ionizing radiation (ultraviolet, visible, infrared, microwave, radiofrequency, electric power, lasers), ionizing radiation (X-ray, gamma, alpha, beta, neutron, other), noise, vibration, and extremes of temperature and pressure.

Privacy concern case
Privacy concern cases include the following work-related recordable injuries or illnesses:
(1) an injury or illness to an intimate body part or the reproductive system;
(2) an injury or illness resulting from a sexual assault;
(3) mental illnesses;
(4) HIV (human immunodeficiency virus) infection, hepatitis, or tuberculosis;
(5) needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material as defined by the OSHA Bloodborne Pathogens standard; and
(6) other illnesses, if the employee voluntarily requests that his or her name not be entered on the log of work-related injuries and illnesses.
When there is a privacy concern case, the employee's name is not entered on the log of work-related injuries and illnesses. Instead, "privacy case" is entered in the space normally used for the employee's name.

Recordable injury or illness
For OSHA recordkeeping purposes, a recordable injury or illness is a new work-related injury or illness that results in death, days away from work, restricted work activity or transfer to another job, medical treatment beyond first aid, or loss of consciousness. Employers must also record the following conditions when they are work-related: (1) any significant injury or illness that is diagnosed by a licensed health care provider; (2) any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material (as defined by the OSHA Bloodborne Pathogens standard); (3) any case requiring an employee to be medically removed under the requirements of an OSHA health standard; (4) tuberculosis infection as evidenced by a positive skin test or diagnosis by a licensed health care provider after exposure to a known case of active tuberculosis; and (5) an employee's hearing test (audiogram) reveals (a) that the employee has experienced a standard threshold shift (STS) in hearing in one or both ears (averaged at 2,000, 3,000, and 4,000 hertz) and (b) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 hertz) in the same ear(s) as the STS.

Restricted work (light duty)
Restricted work means an employee is kept from performing one or more of the routine functions of his or her job (i.e., job functions the employee regularly performs at least once per week), from working a full workday, or is assigned (transferred) to another job for the day or part of a day. Restrictions may be imposed by a licensed health care provider or by the employer.

Significant injuries and illnesses
Significant work-related injuries or illnesses (diagnosed by a licensed health care provider) include, but are not limited to, occupational cancer, chronic irreversible diseases (such as lung diseases caused by inhaling asbestos, cotton, flax, hemp or silica), punctured eardrums, and fractured or cracked bones.

Significant exposure
For the purposes of the Injury, Illness, and Exposure Reporting chapter, significant exposure means a known exposure: (1) to a chemical, physical, biological, or ergonomic hazard that exceeds its permissible exposure limit (PEL), threshold limit value (TLV) or other recommended occupational exposure limit; (2) that causes clinical signs or symptoms associated with a hazard in the workplace; (3) from an event in the workplace with the likelihood of hazardous exposure (e.g., chemical spill, explosion); (4) to the eye, mouth, other mucous membranes, non-intact skin or parenteral contact with blood or other materials potentially infected with bloodborne pathogens; (5) to an infectious disease (e.g., small pox); or (6) that requires follow-up medical evaluation and/or treatment (e.g., known exposure to anthrax).

Standard threshold shift
A standard threshold shift (STS) is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 decibels (dB) or more at 2,000, 3,000, and 4,000 hertz in one or both ears.

Work environment
The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work.

Work-relatedness
For OSHA recordkeeping purposes, injuries and illnesses are work-related if an event or exposure in the work environment caused or contributed to the resulting condition or, significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses that result from events or exposures occurring in the work environment, unless a specific exception applies. (See Determination of Work-Relatedness [29 CFR 1904.5] in the OSHA recordkeeping standard for details regarding exceptions.)

APPENDIX D

Hazards in the Work Environment

Hazards in the Work Environment

Chemical	Physical	Biological	Ergonomic
Aerosol Dust Gas Fume Liquid Mist Solid Smoke Vapor	Noise Heat Cold Pressure Vibration Ionizing radiation[a] Non-ionizing radiation[b]	Animal[c] Botanical[d] Microbial[e]	Lifting Lowering Pushing Pulling Carrying Gripping Prolonged sitting Prolonged standing Repetitive movements

[a] Ionizing radiation means X-rays, gamma radiation, alpha and beta particles, neutrons, and other high energy radiation.
[b] Non-ionizing radiation means lasers, power transmission and radiofrequencies (including radar and microwave radiation), and the infrared (IR), visible light, and ultraviolet (UV) regions of the electromagnetic spectrum.
[c] Animal means invertebrates (insects, spiders, ticks, etc.) and cold- and warm-blooded vertebrates (snakes, alligators, rats, bats, raccoons, etc.).
[d] Botanical means plants and plant products.
[e] Microbial means viruses, bacteria, fungi, rickettsiae, chlamydiae, protozoa, and bioaerosols.