Reporting of Laboratory Accidents

Audience
All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, Bronchoscopy Service and Center for Pulmonary Rehabilitation.

Purpose
To outline the procedures for reporting laboratory accidents resulting in property damage, spillage of hazardous substances/chemicals and/or injury to employees.

Policy
All laboratory accidents resulting in property damage or injury to an employee will be reported in the Laboratory Occurrence Database. The Pulmonary Function Clinic adheres to IHOP 3.11.1, Workers Compensation Insurance.

Reporting Injuries
The following guidelines should be used for employee injuries:

Employee Actions
- Report the injury/illness to supervisor and the Employee Injury Management Office by calling (409) 772-1892.
- Obtain an Employee Injury Statement Form from your supervisor.
- Complete the form and have your supervisor sign and date it.
- If first aid medical care is needed, take completed form with you to the Employee Health Clinic (M-F, 7:30 am - 4:30 pm), or after hours to the Emergency Room. (Note: Employee has the right to be followed-up by physician of their choice.)
- Ask medical care provider to complete bottom portion of form regarding work capabilities.
- Return completed form to supervisor.

Supervisor and/or Chief Tech
- Assist the employee in obtaining medical care if needed
- Have employee complete Employee Injury Statement Form
- Review form for completeness.
- Sign and date form, which indicates when the employee reported the injury and what occurred.
- Inform employee to call Employee Injury Management Office, (409) 772-1892.
- Submit completed form to the Employee Injury Management Office, Route 0151

Lab Safety Committee
- The Laboratory Safety Committee will compile annual injury data to assess effectiveness of safety procedures and devices, and identification of opportunities for improvement
• Employees are responsible for reviewing and adhering to IHOP Policy 3.11.1, Workers Compensation Insurances. Immediately report on the job injury or illness to the supervisor. Obtain names of others who witnessed the accident.
• Supervisor or coworker should assist the employee in obtaining first aid. Provide the employee with the First Report of Injury Form #65301.
• Employee should complete Part 1, Employee’s Injury Statement of the FRI form.
• Supervisor should investigate the circumstances leading to the injury or illness. Help employee complete Part 1 of the FRI if he or she is unable. Sign the form.
• Employee should seek medical attention if appropriate. The physician must complete Part 2, Return to Work Certification.
• Supervisor should call for assistance if employee is not ambulatory. After the FRI form is completed, the blue copy is sent to the Worker’s Compensation and Injury Office and the white copy is forwarded to the Pulmonary Function Clinic where it is placed in the employee’s file.
• Supervisor will report all employee occurrences to the Lab Safety Committee.

Non-Work Related Injury

Employees with non-work related injury/illness should contact their private physician. If the employee is unable to perform work duties, he/she should be sent home or for medical care, as appropriate.

Reference


This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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