



Injury/Incident Reporting Standard Operating Procedure

Approved

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HS 61SOP-05, Rev 0

Office of Independent Oversight

1.0 PURPOSE

To establish roles, responsibilities, and processes for the Office of Security Evaluations, within the Office of Independent Oversight, regarding the reporting of injuries/incidents that occur during Composite Adversary Team (CAT) training or in support of Office of Security Evaluations inspections and other sanctioned activities.

2.0 APPLICABILITY

All associated Office of Health, Safety and Security (HSS) Federal and contractor employees associated with CAT training or performance testing during Office of Security Evaluations inspections and other sanctioned activities. Information contained within this Standard Operating Procedure (SOP) supersedes information regarding the reporting of injuries/incidents contained within Office of Security Evaluations, SOP-02, Rev 1, *Composite Adversary Team Training Health and Safety Standard Operating Procedure*.

3.0 REQUIREMENTS

- 3.1 This SOP is intended solely for injuries/incidents that may occur during CAT training or performance testing activities associated with Office of Security Evaluations inspections and other sanctioned activities.
- 3.2 The most current version of this procedure will be posted on the HSS Internet website, <http://www.hss.energy.gov/index.cfm>.
- 3.3 At a minimum, this procedure will be reviewed by the CAT Program Manager on an annual basis to ensure that it accurately reflects current U.S. Department of Energy (DOE) and HSS policies and processes. This procedure will be revised as needed to ensure continuous improvement and in response to changes in requirements.
- 3.4 A copy of this SOP is included in the CAT training plan book that is assembled by the Core CAT for each training iteration.
- 3.5 The Safety Officer will have a copy of this SOP on hand during Office of Security Evaluations inspections.

- 3.6 Incidents involving, accidents, injuries, and illnesses that occur while performing work-related activities must be reported.
- 3.7 During CAT training, the CAT Coordinator or designee should complete DOE Form 5484.3, *Individual Accident/Incident Report*. Blank forms will be available in the CAT training book. NOTE: Once a form is completed, it becomes Official Use Only. All necessary precautions should be taken to protect the information provided.
- 3.8 During performance testing operations, the Performance Test Director or designee should complete DOE Form 5484.3, *Individual Accident/Incident Report*. A blank form is included with this SOP, which the Safety Officer will have during inspections.
- 3.9 During CAT training, it is incumbent upon the CAT Coordinator to take actions to prevent a recurrence of the injury or illness. The CAT Coordinator may request assistance from the Safety Officer to help investigate the injury/incident and identify corrective actions.
- 3.10 During performance testing, it is incumbent upon the Performance Test Director to take actions to prevent a recurrence of the injury or illness. The Performance Test Director may request assistance from the Safety Officer to help investigate the injury/incident and identify corrective actions.

NOTE: Information can be found in the DOE *Quick Guide When Injured On the Job*. A copy of this document is included as appendix a, along with a copy of DOE Form 5484.3, *Individual Accident/Incident Report*.

- 3.11 The completed DOE Form 5484.3, *Individual Accident/Incident Report*, will be submitted to the CAT Program Manager.
- 3.12 The CAT Program Manager will work with appropriate DOE personnel to determine if additional reporting is required. If so, appropriate reports will be disseminated through appropriate reporting channels, such as Occurrence Reporting Processing System (ORPS), Computerized Injury/Incident Reporting System (CAIRS), Lessons Learned, etc.

4.0 RESPONSIBILITIES

- 4.1 Director, Office of Security Evaluations, or Designee
 - Review and approve this procedure.
 - Notify verbally the Director, Office of Independent Oversight, of the incident.
 - As approved by the Director, Office of Independent Oversight, notify the sponsoring organization of the injured individual's injury/incident.



4.2 CAT Program Manager

- Ensure that this procedure is reviewed for comment and issue resolution prior to submittal to the applicable HSS approving manager for final review/approval.

Review all forms 5484.3 and submit them to the Headquarters Safety and Health Office (MA-41), Forrestal room GE-112.

- Disseminate information regarding reportable accidents and injuries through appropriate reporting channels, such as ORPS, CAIRS, Lesson Learned, etc., per DOE M 231.1-2, *Occurrence Reporting and Processing of Operations Information*.
- Notify the Office of Security Evaluations or designee of the injury/incident.

4.3 CAT Coordinator

- Manage and oversee day-to-day CAT training and operations.
- Review this procedure for comment and issue resolution prior to submittal to the CAT Program Manager.
- Complete DOE Form 5484.3, *Individual Accident/Incident Report*, in accordance with DOE O 231.1a, chg 1, *Environment, Health and Safety Reporting*.
- Investigate all injuries/incidents occurring during CAT training.
- Request assistance from the Safety Officer to help investigate the injury/incident and identify corrective actions, if necessary.
- Read, understand, and adhere to this procedure.
- Notify immediately the CAT Program Manager of the injury/incident.

4.4 Performance Test Director

- Manage and oversee day-to-day performance testing operations.

Review this procedure for comment and resolution prior to presentation to the CAT Program Manager.

Complete DOE Form 5484.3, *Individual Accident/Incident Report*, in accordance with DOE O 231.1a, chg 1, *Environment, Health and Safety Reporting*.

- Investigate all injuries/incidents occurring during performance testing.
Request assistance from the Safety Officer to help investigate the accident/incident and identify corrective actions, if necessary.
- Read, understand, and adhere to this procedure.
- Notify immediately the Director, Office of Security Evaluations, or designee of the injury/incident.



4.5 CAT Safety Officer

- Assist in investigating accidents/injuries and identifying corrective actions, as requested.

Review this procedure for comment and resolution prior to presentation to the CAT Program Manager.

- Read, understand, and adhere to this procedure.

5.0 DEFINITIONS

CAT Coordinator:

Individual responsible for the overall organization and direction of all CAT members

CAT Program Manager:

Office of Security Evaluations Federal staff member responsible for managing the CAT program

Composite Adversary Team (CAT):

Players who act or portray the part of an adversary during limited-scope performance tests or force-on-force exercises

Performance Test Director:

Individual responsible for the overall organization and direction of performance test operations and members

Safety Officer:

Individual responsible for assisting in investigating accidents/incidents and identifying corrective actions as requested by the CAT Coordinator or Performance Test Director

6.0 REFERENCES

6.1 10 CFR 851, *Worker Safety and Health Program*

6.2 29 CFR 1910, *General Industry Standards*

6.3 DOE O 440.1B, *Worker Protection Program for DOE Federal Employees*

6.4 DOE Order 470.4A, *Safeguards and Security Program*

6.5 DOE Order 231.1a, chg 1, *Environment, Health and Safety Reporting*

6.6 DOE M 231.1-2, *Occurrence Reporting and Processing of Operations Information.*

6.7 DOE Manual 470.4-1, chg 1, *Safeguards and Security Program Planning and Management*



- 6.8 Office of Security Evaluations SOP-02, (current rev), *Composite Adversary Team Training Health and Safety Standard Operating Procedure*
- 6.9 Office of Security Evaluations SOP-01, (current rev), *Composite Adversary Team Standard Operating Procedure*
- 6.10 Office of Security Evaluations SOP-04, (current rev), *Office of Security Evaluations (HS-61) Force-on-Force Evaluator Physical Requirements*

APPENDICES

Appendix A: DOE Documents *Quick Guide When Injured On the Job* and DOE Form 5484.3, *Individual Accident/Incident Report*

APPENDIX A

QUICK GUIDE WHEN INJURED ON THE JOB **with DOE Form 5484.3, *Individual Accident/Incident Report***

What should I do when injured on the job?

1. First and foremost, treat the injury. If you need medical attention, report to the Occupational Health Clinics: Forrestal, GC-028 and Germantown, A-075.
For life-threatening emergencies,
 - Call 166 (Forrestal, Germantown, 955 L'Enfant Plaza, or Cloverleaf Center IV)
 - Call 9-911 (270 Corporate Center or 950 L'Enfant Plaza).
2. Inform your supervisor.
3. Complete DOE 5484.3 – Individual Accident/Incident Report.
4. Complete workers' compensation forms:
 - CA-1 – Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay (COP).
 - CA-2 – Federal Employee's Notice of Occupational Disease and Claim for Compensation.
 - CA-16 – Authorization for Examination and/or Treatment.

What types of injuries or illnesses are reportable?

Report all accidents, injuries, and illnesses that occur on U.S. Department of Energy (DOE) property, while on official Government travel, and/or while performing work-related activities. These accidents/injuries include: slips, trips, or falls; back, shoulder, neck, or other muscle strains; exposure to chemical fumes or radiation; cuts, broken bones, or bruises; motor vehicle accidents; food poisoning; occupational illnesses including infectious diseases if exposed while at work or on official travel; and hospitalizations for work-related accident, injury, or illness. Report accidents even if they don't result in an injury.

Which forms do I need?

1. To report an accident or incident
 - DOE Form 5484.3
2. For workers' compensation for Federal employees
 - CA-1 for traumatic injury
 - CA-2 for an illness or exposure
 - CA-16 for medical treatment
3. For workers' compensation for contractors
 - Request appropriate State forms from your employer

Where do I get the forms?

Accident/Incident Report:

HQ Safety & Health Office,
Forrestal GE-112, (202) 586-1005

Workers' Compensation Forms:

HQ Employee WorkLife Center
Forrestal 4E-072, (202) 586-2452

Occupational Health Clinics

Forrestal, GG-028, Germantown, A-075

Who should complete the forms?

The injured employee should complete the necessary paperwork. If the employee is unable to do so, they may designate an individual to complete and file the forms for them.

Where do I submit paperwork?

Accident/injury reports, CA-1s and CA-2s, must be submitted through your supervisor to the following offices:

- Accident/Incident reports, including any witness statements, should be submitted to the Headquarters Safety and Health Office, Forrestal room GE-112, (202) 586-1005.
- Federal Worker Compensation (OWCP) forms and paperwork including medical bills and questions relating to OWCP, should be directed to the Headquarters Employee WorkLife Center at Forrestal room 4E-072, (202) 586-2452.
- Contractor Workers' Compensation forms must be submitted to their employer.

Who provides compensation?

The Department of Labor, Office of Workers' Compensation Program provides compensation benefits to Federal employees for disability due to personal injury sustained while in the performance of duty or due to employment-related disease. Benefits cannot be paid if the injury is caused by the willful misconduct of the employee, by the employee's intention to bring about his or her injury or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury. State laws govern workers' compensation benefits for contractors.

Will I automatically be compensated?

No, the Office of Workers' Compensation Program reviews all cases and determines eligibility for compensation.

What is Continuation of Pay (COP) and how is eligibility determined?

In traumatic injury cases only, if the employee is unable to report to work, Federal employees may be eligible for uninterrupted regular pay for up to 45 calendar days. To be eligible for COP, the employee, or someone acting on their behalf, must file the CA-1 within 30 days following the injury. They must also provide medical evidence in support of the disability within 10 days of submission of the CA-1. The Office of Workers' Compensation Programs will review the case information and determine eligibility. If the disability continues for more than 45 calendar days, compensation for lost wages may be payable after a three-day waiting period in a non-paid status. The injured employee also has the option of using sick or annual leave, or leave without pay. State laws govern COP for contractors.

What does a supervisor need to do?

Supervisors must review accident/incident reports as well as CA-1s and CA-2s. On each of these forms, there is a special section that must be completed by the supervisor after they have assessed the incident which resulted in the injury or illness. Based on this information, the supervisor determines if the injury resulted from a work-related activity, and if other factors contributed to the cause. It is incumbent upon a supervisor to take actions to prevent a recurrence of the injury or illness. The supervisor may request assistance from Program Office Safety and Health representatives to help identify corrective actions.

Where can I get more information?

HQ Office of Safety, Health and Security
Forrestal room GE-112 (202) 586-1005
<http://www.administration.doe.gov> – under
Safety and Health Tab

HQ Employee WorkLife Center
Forrestal room 4E-072 (202) 586-2452
<http://www.worklifecenter.doe.gov>

DOE F 5484.3 (09-89) All Other Editions Are Obsolete

U.S. Department of Energy

OMB Control No. 1010-0300

INDIVIDUAL ACCIDENT/INCIDENT REPORT

Official Use Only - Privacy Act

P.D. Accident Type, Energy Flow, For CAIRS Use Only, Enter GICS, Narrative, FRASE Coding, Revision: [] 1st [] 2nd [] 3rd [] 4th

General Information

1. Organization Name, Organization Code, 2. Case Number, 3. Multiple Case Number, 4. Accident Type, 5. Investigation Type, 6. Department, Division, or I.D. Code, 7. Date of Occurrence, 8. Time, 9. Accident Occurred, 10. On Employer's Premise, 11.

Employee Information

12. Check One: [] Injured/ill Employee [] Operator of Equipment/Vehicle, 13. Name, 14. S.S.A.D. Number, 15. Age, 16. Sex, 17. Occupation, 18. Length of present employment, 19. Experience on this job/equipment

If Property Damage or Vehicle Accident, go to Line 26

Injury/Illness (OSHA Information)

20. [] Injury Code (10), 21. [] Code 7a(21) - Skin disease or disorders, 22. Workdays Lost, 22. Workdays Restricted, 23. Death, 24. Permanent transfer to different job because of accident?, 25. Has employee returned to work with no further anticipated workdays lost or restricted?

Property/Vehicle Damage

26. Property, 27. Vehicle, 28. Was vehicle equipped with seat belts?, 29. Did vehicle accident involve recordable injury?, 30. \$ Total Accident Damage, 31. \$ Claims against DOE, 32. Are the dollar amounts final?

Equipment/Hardware/Vehicle Involved (as applicable)

33. #1 Equipment, #2 Equipment, 34. Did equipment design or defect contribute to accident cause or severity?

NARRATIVE GUIDE

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE/OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

35. Activity in progress at time of accident. Be specific. For example, if the employee was using tools or equipment or handling material, name them and tell what he was doing with them.

36. Events - Begin with initiating event and end with nature and extent of injury/damage. Name any objects or substances involved and tell how they were involved. Use a separate sheet for additional space.

Name and address of physician _____

If hospitalized, name and address of hospital _____

37. Accident Causes

a. Conditions

b. Actions

c. Factors influencing a or b.

38. Corrective Actions. (if risk is acceptable, corrective action may not be necessary)

a. Actions taken

b. Actions recommended

c. To be completed by _____
Implementation Date

39. Accident Investigator _____ Date _____ Telephone _____
Official Position Supervisor Safety Professional Other _____

40. Supervisor responsible for Corrective Action _____ Date _____ Telephone _____

41. Accident Investigation Contact
(if different from line 39) _____ Telephone _____