

SECTION D - ACCIDENT AND INCIDENT REPORTING

Any injury to any employee or citizen, and any damage to private or City property due to City operations must be reported as soon as possible—and no later than twenty-four (24) hours from the accident/incident—to the immediate supervisor of the employee involved. If an incident does not result in immediate damage or injury but, in the best judgment of the City employee, is likely to result in a liability to the City, the incident must be reported.

For the purpose of making the reporting of accidents and/or incidents as easy as possible, they have been grouped into four categories, which are:

- A. Accidents Causing Personal Injury (Non-Motor Vehicle);
- B. Exposure to Infectious or Contagious Disease;
- C. Accidents Causing Property Damage; and
- D. Motor Vehicle Accidents/Incidents.



A. **Accidents Causing Personal Injury (Non-Motor Vehicle)**

1. Accidents that cause personal injury to a City employee or to a third party on City property, or due to City operations, will be fully investigated and the proper forms, submitted.
2. If the accident does not reflect immediate injury but, in the best judgment of the employee, complications are likely to occur in the future, it will be fully investigated; and all forms must be submitted.
3. The **employee** must:
 - a. Inform his/her supervisor immediately after the accident or injury has occurred.
 - b. Complete the *Notice of Accidental Injury or Occupational Disease* [See Appendix, Form #2], required by the New Hampshire Department of Labor.

This must be completed within twenty-four (24) hours of the injury so that it can be signed by the department head and submitted to the Human Resources Department, who then submits it to the insurance company and the New Hampshire Department of Labor within five (5) working days.

- c. In the event that a City employee witnesses an injury to a non-City employee due to City operations, the City employee must report the event to his/her supervisor.
4. The **supervisor** must:
 - a. Fully complete the *Employer's First Report of Occupational Injury or Disease* at <https://www.nhprimex.org/claims/secure/firstlogin.asp> or, in departments where there is an assigned person to handle filing of these forms, work with that person to make sure it is completed.

This form is then submitted immediately to the Human Resources Department.

- b. Complete the *Supervisor's Accident/Incident Investigation Report* [See Appendix, Form #4] within twenty-four (24) hours of the initial report as accurately and specifically as possible so as not to leave questions as to what actually happened. The purpose of this form is to determine 1) What happened, 2) Why it happened, and 3) How to prevent it from happening again.

This form will have the completed employee's *Notice of Accidental Injury or Occupational Disease* [See Appendix Form #2] attach, and the whole package will be approved by the department head and submitted to the Human Resources Department.

- c. Complete the ***Employer's Supplemental Report of Injury*** [Appendix I, Form 4] from the New Hampshire Department of Labor and submit it to the Human Resources Department immediately upon receiving knowledge that the employee will remain out of work for seven (7) calendar days / five (5) or more working days due to an occupational injury or disease. This may be submitted via paper or online.
- d. Upon the injured employee's return to work, if the leave was four (4) days or longer, notify the Human Resources Department by use of the ***Employer's Supplemental Report of Injury*** [See Appendix, Form #3].

Note that this is the same form that is used in Step 4.c) above.

- e. When a subordinate has reported witnessing a non-City employee receive an injury due to City operations, complete a ***Supervisor's Accident/Incident Investigation Report***.
- f. Make sure that any forms required by your department's standard operating procedures, in addition to those mentioned in this section, are completed and distributed accordingly.

See *Chart 2, Injury*, of this section.

B. Exposure to Infectious or Contagious Disease

NOTE: Just being in close proximity to the infected person or item does not necessarily determine an exposure. If unsure, check with health care provider, fire department, urgent care facility or emergency room to determine if an exposure occurred.

1. The **employee or supervisor** will:

- a. Contact the proper authorities to notify after exposure to someone or something which has the potential to infect that employee with a communicable disease (for example, HIV or Hepatitis B).

Ambulance, Fire or Hospital will have an Emergency Response/Public Safety Worker Incident Report that will need to be completed.

2. The **supervisor** will:

- a. Complete the *Employer's First Report of Injury or Occupational Disease Form*.

This form is submitted to the insurance carrier on line and a copy forwarded to the Joint Loss Management Committee Chair and the Human Resources Department.

- b. Complete the *Notice of Accidental Injury or Occupational Disease* of the New Hampshire Department of Labor.

This form is submitted to the insurance carrier on line and a copy forwarded to the Joint Loss Management Committee Chair and the Human Resources Department.

C. Accidents Causing Property Damage

1. The **employee** immediately will report incident to supervisor.

2. The **supervisor** will:

- a. Complete the *Supervisor's Accident/Incident Investigation Report* [Appendix I, Form 3] within twenty-four (24) hours of the initial report. This will be approved by the department head and submitted to the Human Resources Department.

- b. Make sure that any forms that are required by a department Standard Operating Procedure, in addition to those mentioned in this section regarding Accident and Incident Reporting, are completed and distributed accordingly.

See *Chart 3, Property Damage*, of this section.

D. Motor Vehicle Accidents/Incidents

IN TOWN: Radio or call your department to report the incident; request Police, Ambulance (if needed), call for a tow truck; and notify your supervisor, foreman or Department Head.

OUT OF TOWN: Report accident to local or state police. Contact your supervisor for instruction if vehicle is inoperable. If no answer, notify Claremont Police 603-542-9538.

1. The **employee** immediately will report incident to supervisor. Due to the potential for claims against the City, all motor vehicle accidents—no matter how small—must be reported using the appropriate City form(s).
2. The **employee operator** will:
 - a. Complete the *Driver's Emergency Accident Report Kit* [See Appendix, Forms #5 & #6], which should be located in the glove compartment of all City vehicles. This will be completed within twenty-four (24) hours of the accident and submitted to his/her supervisor.
 - b. Complete the *Notice of Accidental Injury or Occupational Disease Form* if injury occurred as a result of the accident. As referenced in Item A., *Accidents Causing Personal Injury*, of this Section, this form will be signed by the department head and submitted immediately to the Human Resources Department.
 - c. Ensure that the Human Resources Department is notified to restock the involved vehicle with another *Driver's Emergency Accident Report Kit*.
3. The **supervisor** will:
 - a. Complete a *Supervisor's Accident/Incident Investigation Report* within twenty-four (24) hours' notice of the accident, attach to it the *Driver's Emergency Accident Report Kit* that was completed by the employee, have it approved by the department head, and send it to the Human Resources Department.
 - b. Follow procedures in Item A., *Accidents Causing Personal Injury*, of this Section for the filing of appropriate forms if an injury resulted from the accident.

4. The **Police Department** will:

- a. Investigate all motor vehicle accidents where there is personal injury and/or property damage of \$1,000.00 or more. The investigating officer will complete a *New Hampshire Uniform Police Traffic Accident Report Form* for any accidents that meet the above requirements and that occur within City limits.

5. The **Department Head or designee** will:

- a. Notify the Insurance Company when any City vehicle has been involved in a motor vehicle accident.

See *Chart 4, Motor Vehicle Accidents*, of this section.

CHART 1

ACCIDENT OR INCIDENT

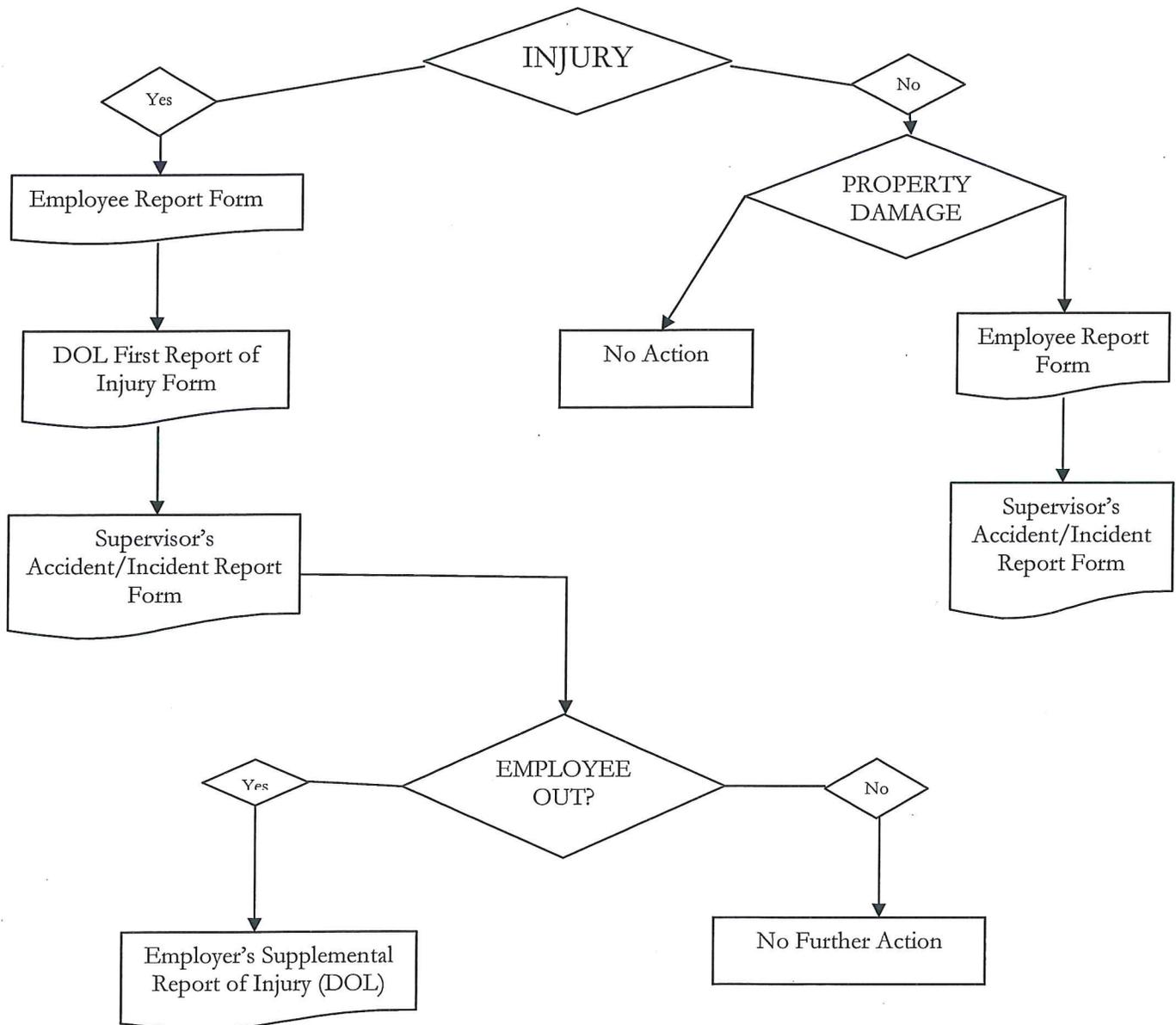


CHART 2

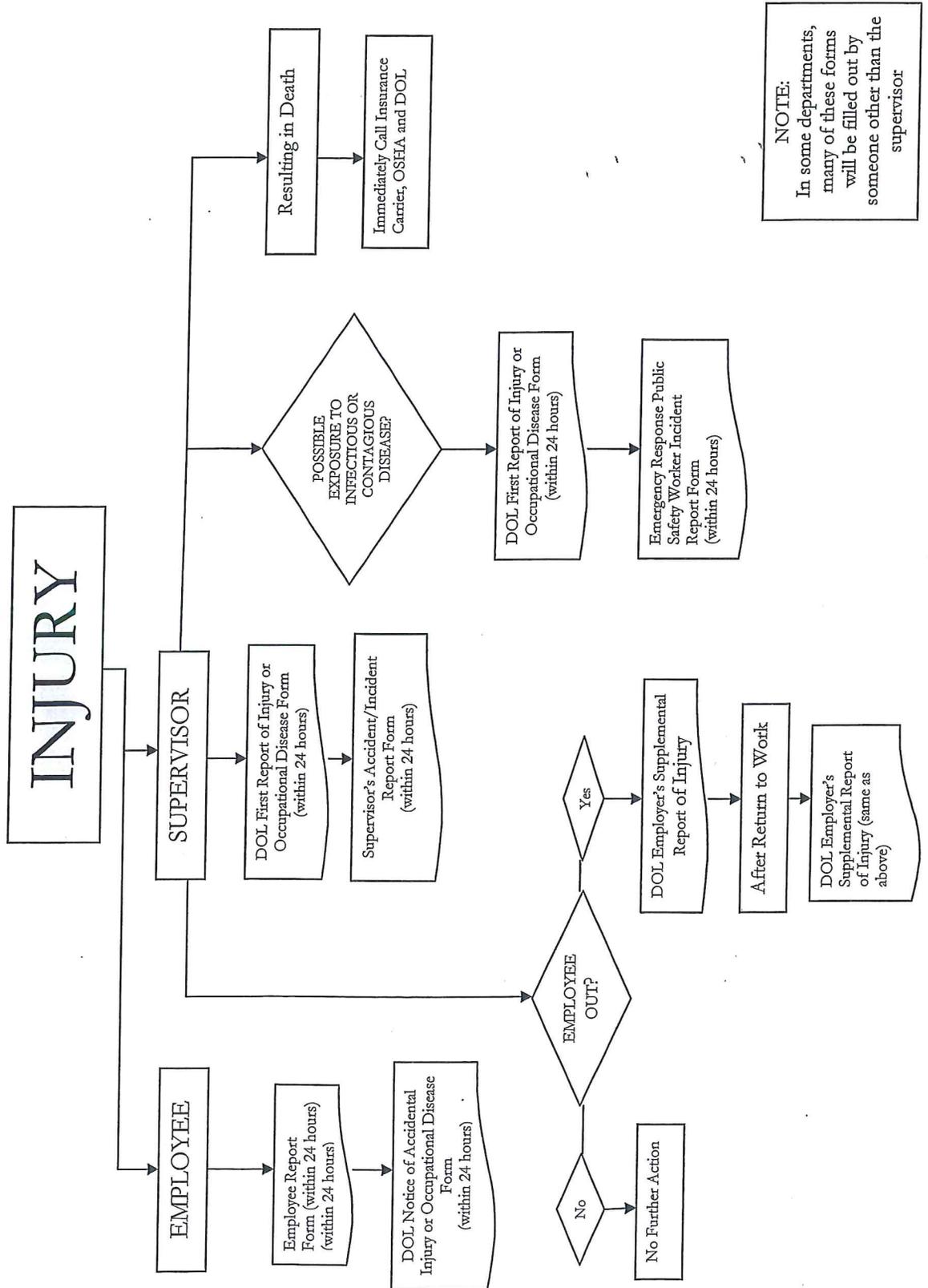
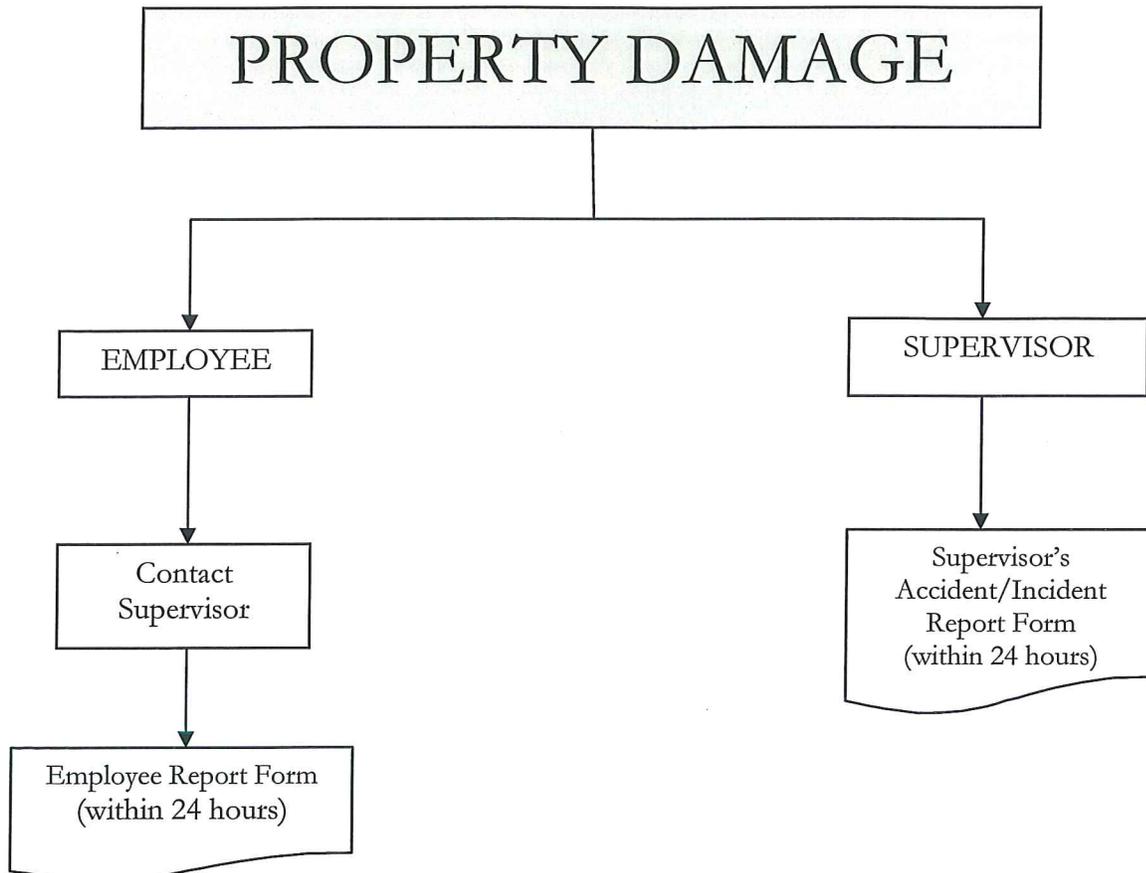


CHART 3



If a loss occurred to a non-City employee on City property or as a result of something involving a City employee or service, please remember not to say anything such as "The City will pay for your bills" or anything else suggesting compensation. The City's insurance carrier will have to determine the City liability in such cases.

If such persons are looking for guidance in what to do, have them contact the Finance Department or Human Resources.

NOTE:
If personal injury occurred or damage is a result of a motor vehicle collision, see appropriate flow charts.

CHART 4

