

C. ACCIDENT REPORTING

EMPLOYEE:

If an employee is either involved in an accident or otherwise requires medical attention while in the workplace or on port property, the employee shall immediately report the incident to his/her immediate supervisor or, if the immediate supervisor is unavailable, the Safety Coordinator. If needed, the supervisor will administer first aid and/or have the employee transported to one of the following, according to severity of injury:

<u>SEVERITY</u>	<u>PROVIDER</u>
MINOR	DOCTOR (EMPLOYEE CHOICE)
SERIOUS	NEAREST HOSPITAL
LIFE THREATENING	911

In all the above instances, the employee shall tell the healthcare provider whether the injury is related to work done for the Greater Lafourche Port Commission.

If the immediate supervisor and Safety Coordinator are unavailable, then the employee shall follow the chain of command or call the office for assistance.

All accidents and required medical attention in the workplace or on port property shall be reported to the Safety Coordinator as soon as possible (within one hour) giving full details of the accident. The Safety Coordinator shall respond to all such accidents and medical attention and handle all investigations and reporting. In the event the Safety Coordinator is unable to respond, the supervisor SHALL supply a detailed written report to the Safety Coordinator within 4 hours. The Human Resource Coordinator shall be notified by the Safety Coordinator of the accident and injury status.

If employee refuses to comply with the above procedure, the Safety Coordinator shall obtain a written statement of refusal. If the employee refuses the above procedure for an accident or medical attention that occurs after regular hours or the Safety Coordinator is unavailable, the supervisor will obtain a written statement of refusal.

After the accident investigation is complete, the Safety Coordinator shall provide a detailed report to the Executive Director including causes and effects along with corrective actions needed to prevent future occurrences.

The Human Resource Coordinator will maintain communication between the injured employee and the insurance company on a regular basis to see how the employee is doing, to explain workers comp benefits, and to answer any questions the employee or insurance company may have, etc.

INSURED PORT ASSET:

If an employee is involved in an accident which results in damage to Port owned assets or an employee witnesses damage to port owned assets, the employee shall immediately report the incident to his/her immediate supervisor.

The supervisor SHALL contact the Safety Coordinator as soon as possible (within one hour) giving full details of the accident or damage reported. The Safety Coordinator shall respond to all workplace accidents or reported damage to port owned assets and handle all reporting and notifications to the Human Resource Coordinator. In the event the Safety Coordinator is unable to respond, the supervisor SHALL supply a detailed written report to the Safety Coordinator within 4 hours. If accident or reported damage occurs after regular office hours and the Safety Coordinator is unable to respond, the supervisor shall present a detailed written report to the Safety Coordinator the morning of the following business day.

Once the investigation is complete and all reports are reviewed, the Safety Coordinator shall provide a detailed written report to the Executive Director including causes and effects along with corrective actions needed to prevent future occurrences.

The Human Resource Coordinator shall contact the appropriate insurance carriers to report accident and/or damage to port owned assets and will maintain communications with supervisor and insurance carrier on status of payment of repairs.

**EMPLOYEE STATEMENT
REFUSAL OF MEDICAL TREATMENT**

I, _____, on _____, do
Employee Name **Date of Injury**

hereby refuse to seek medical treatment for injuries, which I acquired due to
accident on _____, at approximately _____.
Date of Injury **Time of Injury**

Employee Signature Date

Supervisor or Safety Coordinator Date

Witness (If Available) Signature Date