

INJURY AND ILLNESS REPORTING PROCEDURES

ALL INJURIES TO CREW OR CAST MEMBERS MUST BE REPORTED TO THE PRODUCTION SAFETY REPRESENTATIVE.

Form 9: Accident Investigation Report should be completed for every injury or illness, no matter the severity.

Serious Incident Reporting Procedures:

A Serious Incident is an injury or illness that results in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid,*any near miss during stunts or special effects, any injury – even minor – to cast members or stunt performers, or any serious property/asset damage.

**An OSHA chart of treatment that is considered First Aid is attached.*

Please note: *These are SAFETY PROGRAM procedures. Workers Comp requires different documentation. Because sensitive personal medial information is often included, please DO NOT send Workers Comp forms or reports to the Production Safety Representative unless specifically requested.*

UPM:

- If the injury or illness meets the criteria for a serious incident, IMMEDIATELY notify your **Production Safety Representative**, who will make all necessary notifications.
- **Accident Investigation Report – Form 9.**
 - Every section of this form needs to be completed, including “Steps taken to prevent recurrence.”
 - This form can be completed by the person having the most knowledge of the incident: Medic, Department Head, Production Office Coordinator, UPM. The Production Safety Representative will assist if requested.
- Some injuries and illnesses require timely **OSHA notification**. The Production Safety Representative will make this notification, based upon information from you.
- **Forward completed Form 9 to POC.**

MEDIC:

- **IMMEDIATELY notify the UPM of the injury or illness.**
- Fill out ***Employer’s Report of Occupational Injury or Illness (Form 5020)*** or local equivalent.
- If employee refuses recommended treatment or transportation to the hospital, have employee complete and sign ***Right of Refusal of Medical Aid – Form 16.***
- **Forward completed Form 5020 and Form 16 to Production Office Coordinator.**

POC:

- **Forward completed Form 9 and Form 16 to Production Safety Representative.**
- Forward Form 5020 if requested by Production Safety Representative.
- If patient is hospitalized, keep Production Safety Representative updated on status.

PRODUCTION SAFETY REPRESENTATIVE:

- Will notify OSHA if required.
- Will conduct additional investigation if needed.
- Will assist with any OSHA or other agency investigations.

First Aid List

1904.7 (b)(5)(ii) What is “first aid”?

For the purposes of Part 1904, "first aid" means the following:

(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
(B)	Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
(C)	Cleaning, flushing or soaking wounds on the surface of the skin;
(D)	Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are considered medical treatment);
(E)	Using hot or cold therapy;
(F)	Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
(G)	Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(I)	Using eye patches;
(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab;
(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(L)	Using finger guards;
(M)	Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
(N)	Drinking fluids for relief of heat stress.

(iii) Are any other procedures included in first aid?

No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

ACCIDENT INVESTIGATION REPORT

(Send to Production Office Coordinator when completed.)

*To be completed for EVERY injury or illness, regardless of severity.
For serious injuries or illnesses, see Form 4: Serious Incident Reporting Procedures.*

EMAIL OR FAX (818) 954-2805 TO PRODUCTION SAFETY REPRESENTATIVE WITHIN 24 HOURS OF ACCIDENT

PRODUCTION NAME: _____

DATE: _____

INJURED'S NAME: _____

TITLE: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM ___ PM ___

LOCATION OF ACCIDENT: _____

Type of Injury/Illness

(Check all that apply)

Fracture	Amputation	Head Injury	1 st Degree Burn	Foreign Body in Eye	Bite/Sting
Strain	Laceration	Neck Injury	2 nd Degree Burn	Contact Dermatitis	Splinter
Sprain	Avulsion	Back Injury	3 rd Degree Burn	Allergic Reaction	Nausea
Dislocation	Abrasion	Abdomen Injury	Tooth Injury	Rash	Illness*
Contusion	Puncture	Crushing Injury	Hearing Loss	Infection	Other*

- Describe Illness or Other:

Injured Part of Body

(Check all that apply)

	Head	Chest	Shoulder	Wrist	Upper Leg	Foot	Eye	Mouth
Right	Neck	Ribs	Upper Arm	Back of Hand	Knee	Toe	Nose	Tooth
Left	Back	Abdomen	Elbow	Palm of Hand	Lower Leg	Forehead	Cheek	Throat
	Buttocks	Pelvis Area	Lower Arm	Finger (Digit _____)	Ankle	Ear	Chin	Other*

- Describe Other:

Explain Cause of Accident and Nature of Injury: (DO NOT SPECULATE)

Corrective Action Taken to Prevent Recurrence:

Witnesses, If Any:

Form Completed By (Print):

Title: