

**C. ACCIDENT REPORTING**

**EMPLOYEE:**

If an employee is involved in an accident in the work place or on port property or require medical attention while in the work place or on port property, the employee should immediately report the incident to his/her immediate supervisor. If needed, the supervisor will administer first aid and/or have the employee transported to one of the following, according to severity of injury:

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

In all of the above instances, the employee must tell the healthcare provider that the injury is related to work done for the Greater Lafourche Port Commission and the name of the Worker’s Comp insurance provider.

If the immediate supervisor is unavailable, then the employee must follow the chain of command or call the office for assistance.

If injury occurred during regular office hours, the supervisor WILL contact the Human Resource Specialist and Safety Coordinator as soon as possible (within one hour) giving full details of the accident. The supervisor WILL supply a detailed written report to the Human Resource Specialist and Safety Coordinator within 4 hours. If injury occurred after regular office hours, the supervisor will contact the Human Resource Specialist and Safety Coordinator and present reports to them on the morning of the following business day.

If employee refuses the above procedures during regular working hours, the supervisor will have the employee transported to the Human Resources Specialist, who will re-offer above accommodations. If employee still refuses, the Human Resource Specialist will obtain a written statement of refusal. If employee refuses the above procedures after regular working hours, the supervisor will obtain a written statement of refusal.

After the accident, the Safety Coordinator will review the submitted report and may conduct an investigation. The Safety Coordinator will provide a detailed report to the Executive Director including causes and effects along with corrective actions needed to prevent future occurrences.

The Human Resource Specialist 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 resulted in damage to Port owned assets, or employee witnesses damage to port owned assets, the employee should immediately report the incident to his/her immediate supervisor.

The supervisor WILL contact the Human Resource Specialist and Safety Coordinator as soon as possible (within one hour) giving full details of the accident or witness to damage. The supervisor WILL supply a detailed written report to the Human Resource Specialist and Safety Coordinator within 4 hours. If accident or witness of damage occurred after regular office hours, the supervisor will contact the Human Resource Specialist and Safety Coordinator and present reports to them on the morning of the following business day.

After review of said reports, the Safety Coordinator may conduct an investigation and will provide a detailed report to the Executive Director including causes and effects along with corrective actions needed to prevent future occurrences.

The Human Resource Specialist will 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 Human Resource Specialist Date

\_\_\_\_\_  
Witness (If Available) Signature Date