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Approved by:	Chris Peoples	Date Issued:	April 2023

SAFE OPERATING PROCEDURES

Accident and Injury Response

SOP 10-1

Accident Response

1. Survey the accident scene and take appropriate action to ensure it is safe for other employees and emergency services to prevent additional injuries and/or accidents.
2. Determine if anyone needs medical treatment. Dial 911 for all injuries that require immediate medical attention and follow the injury response guidance below.
3. Immediately notify the appropriate law enforcement agency of any accident or crash by dialing 911 or *HP (*47) if it results in the following:
 - a. Any accident involving an injury or death,
 - b. Any accident resulting in damage to or contact with private vehicles or property,
 - c. Any accident resulting in damage to state vehicles or state property of \$1,000 or greater.
4. Contact the designated safety representative assigned to the Division or Unit for accidents occurring in active work zones involving two or more state vehicles or equipment and accidents occurring on off-highway projects.
5. Report all accidents immediately to your manager or supervisor.
6. The manager or supervisor must notify the designated safety representative assigned to the Division or Unit that an accident has occurred.
7. Notification must be made to the equipment unit that an accident has occurred. The equipment unit can provide damage assessments/estimates, obtain towing services and other services as deemed appropriate to assist with the accident response.
8. Post-Accident Drug and Alcohol Testing are to be conducted following any accident an employee is involved in while at work where:
 - a. A life was lost, or
 - b. Operating a motor vehicle, the driver (employee) was cited for a moving traffic violation **and** individuals involved in the accident were transported for medical treatment, or
 - c. Operating a motor vehicle, the driver (employee) was cited for a moving traffic violation **and** a vehicle involved was disabled and removed from the scene by other than its own power.
9. Notification and claim submittal must be made to Travelers Insurance for all accidents resulting in damage to private and state vehicles as well as private property. Notification can be made by phone at 1-800-832-7839 or by using the following link to report claims to Travelers: <https://automationweb.ncaia.com/login>.
10. Gather all necessary information to complete the incident investigation. This includes photographs, videos, sketches, drawings, interviews, witness statements, inspection forms, training records, policy and procedure documents, police reports, reconstruction material(s) and reenactment information.
11. When taking photographs, do not focus only on the point of impact where hit or strikes occurred. Take a few closeups and pictures of the overall scene (from various angles) from a distance allowing for various perspectives of the location and actions that could have been taken to prevent the accident.

Injury Response

1. Survey the injury scene and take appropriate action to ensure it is safe for other employees and emergency services to prevent additional injuries and/or accidents.
2. Determine if the injured person needs medical attention.
3. For non-life-threatening injuries provide care and first aid treatment in accordance with training.
4. For life-threatening injuries or severe trauma injuries dial 911 immediately for emergency services and provide the following information:
 - Nature of the medical emergency
 - Condition of the injured person
 - Location of the emergency
 - Your name and contact phone number should the call become disconnected.
 - If available, have the name of the chemical or poison the person has been exposed too. Utilize information on SDS sheets if available.
5. Do not move an injured employee with life-threatening injuries or severe trauma unless they are in immediate danger.
6. Provide first aid and assistance to the injured employee to keep them as comfortable as possible while seeking medical treatment or waiting on emergency services.
7. Report all injuries immediately to your manager or supervisor.
8. The manager or supervisor must notify the designated safety representative assigned to the Division or Unit.
9. The manager or supervisor must accompany the injured employee to the medical treatment facility. If the employee is transported by emergency services to a hospital, the supervisor will need to meet the injured employee at the hospital.
10. The manager or supervisor must ensure that the injured employee has the appropriate medical authorization form to provide to the medical treatment facility.
11. Notification must be made to Safety and Risk Management, Workers' Compensation Section as soon as possible and at least within 24 hours of the injury.
12. Incidents involving a fatality must be reported immediately to the designated safety representative assigned to the Division/Unit and Division/Unit Management. Notification will immediately be made to Safety and Risk Management. Fatalities are required to be reported to the North Carolina Department of Labor, OSH Division within 8 hours of occurrence in accordance with the rules and regulations.
13. Incidents involving any in-patient hospitalization, amputation, or loss of eye must be reported immediately to the designated safety representative assigned to the Division/Unit and Division/Unit Management. Notification will immediately be made to Safety and Risk Management. These incidents are required to be reported to the North Carolina Department of Labor, OSH Division within 24 hours of occurrence in accordance with the rules and regulations.
14. Gather all necessary information to complete the incident investigation. This includes photographs, videos, sketches, drawings, interviews, witness statements, inspection forms, training records, policy and procedure documents, police reports, reconstruction material(s) and reenactment information.

Related SOP's

General SOP's.....Chapter 10

Insurer: Travelers Property & Casualty	
Name Insured: State of NC Insured State Agency HIGHWAYS Location code owned: 420080021000101 Location code Motor Fleet Mgmt: 420080022000101 Policy #: TC2JCAP104T680023 Policy Dates 7/1/2024 to 6/30/2025	
Insurance Agency NC Assoc. of Ins. Agents, Inc.	
IN CASE OF A MOTOR VEHICLE ACCIDENT	
1. Call the police (911). If someone is injured, request medical assistance. If fire is involved, request fire department aid. 2. Answer police questions. Give identifying information to the other party involved, but make no comments about assuming responsibility. 3. Accidents must be reported to your supervisor immediately. Any claim resulting in bodily injury or property damage to another party must be reported to Travelers through the State's Auto Website at autoweb.ncaia.com	

Travelers telephone no. 800-849-6556

Safety 7-Line Card Reporting Instructions



1. This card is for recording/reporting accident/incident information that may be pertinent to NCDOT Supervisory and Safety Staff.
2. It does not replace other reporting requirements.
3. Reporting. A supervisor may not be readily available at the incident site.
4. The instructions. (Use the back or additional cards if needed) Priority: Medical Care for injured, safety of crew & equip., notify supervisory staff, preserve scene, if possible (if not, take scene photos) and record timelines.

Record.

- A. Line 1: Record location and type of incident (i.e. vehicle, worksite (type job), (in work zone?), etc....).
- B. Line 2: Worksite supervisor. (Who, if no supervisor record who assigned task).
- C. Line 3. Number of Injured (Who-NCDOT/Contractor/Citizen), type injury/transported to/treated at scene.
- D. Line 4. Responders (LE/Fire/Medical) (Who/Agency).
- E. Line 5. Special NCDOT equipment requested by Incident Commander (scene issues):
- F. Line 6. HAZMAT Contamination (Type/Quantity/Placards)? (Refer to: Emergency Response Guide (ERG)) (Petroleum, Food (Edible/Non-Edible), Chemical/Bio, Explosive/Nuclear, Other, (Etc....)).
- G. Line 7. Notified NCDOT (Who/time).

Call Division Engineer (Supervisor) and 1-866-361-1818

Communicate to Division Safety Engineer (DSE), ASAP. Don't discard 7-Line Card provide copy to DSE.

(Effective date June 12, 2017)

Comments and concerns contact Mark Scott (910)722-6235 or msscott6@ncdot.gov.

NCDOT INCIDENT/ACCIDENT 7-LINE REPORTING

Date/Time _____ Weather _____

Priority: Medical Care for injuries, safety of crew & equipment., notify supervisory staff, preserve scenes, if possible (if not, take scene photos) and record timelines.

Line 1. Location-type of incident/accident.

Line 2. Worksite supervisor.

Line 3. Number of Injured (Who-NCDOT/Contractor/Citizen), type injury/transported to/treated at scene.

Line 4. Responders (LE/Fire/Medical) (Who/Agency):

Line 5. Special NCDOT equipment requested by Incident Commander (scene issues):

Line 6. HAZMAT Contamination (Type/Quantity/Placards)? (Refer to: Emergency Response Guide (ERG))

Petroleum _____

Food (Edible/Non-Edible) _____

Chemical/Bio _____

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Explosive/Nuclear _____

Other _____

Line 7. Notified NCDOT (Who/time).

USE BACK OF CARD, if needed

NOTIFY SUPERVISOR, DE, 1-866-361-1818, & DIVISION SAFETY STAFF, SEND COPY TO SRM (Reviewed 11/8/2023)

This card does not replace regular Incident Reporting procedures

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Date/Time _____ Weather _____

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Food (Edible/Non-Edible) _____

Chemical/Bio _____

–

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Other _____

Line 7. Notified DOT (Who/time).

USE BACK OF CARD, if needed

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