Injury & Illness Prevention Program \textit{(I}2\textit{P}2\textit{)}

The purpose of this I2P2 program is to set up a system designed to prevent workplace related incidents, accidents, and occupational illnesses. To preserve and protect our greatest resources – students, staff and faculty.

Process and Tools

Develop a safety management system that will:

\begin{itemize}
  \item identify, track, and investigate the direct and indirect causes of workplace accidents and illnesses
    \begin{itemize}
      \item \textit{accident report \& investigation}
    \end{itemize}
  \item identify and control exposures which may cause work related illnesses
  \item identify and correct potential hazards – unsafe conditions in the work environment
    \begin{itemize}
      \item assess, prioritize and correct unsafe conditions in our work environment in a timely manner
    \end{itemize}
    \begin{itemize}
      \item \textit{accident report \& investigation and risk management plan}
    \end{itemize}
  \item address and change unsafe behaviors or inadequate procedures which may lead to accidents
    \begin{itemize}
      \item \textit{accident report \& investigation, supervisor interaction, behavior-based safety program, training}
    \end{itemize}
\end{itemize}

Goal: Results

\begin{itemize}
  \item create a safe living, learning and working environment for staff, faculty and students
  \item reduce our work related accidents, injuries, illnesses and associated human suffering
  \item reduce our costs – workers compensation insurance premiums and loss of assets
  \item create an effective safety culture and positive behavioral change – improve productivity
\end{itemize}

Program Components:

\begin{itemize}
  \item Program Management
  \item Employee \& Supervisor Participation
  \item Hazard Identification, Control \& Prevention
  \item Safety and Job Training
  \item Follow-up, Audits/Evaluation
\end{itemize}
Student & Visitor Accident Report (non-employee)

Date: ______________________

Name: ______________________________________                   Student                Visitor

On Campus Address: Building:_______________________   Rm #: _________

Off Campus Address: ____________________________________________________________

Phone: _____________________   E-mail: ______________________________

Witness Name: ___________________________ Phone: ______________________

Accident occurred in or near which Building? __________________________________________

Specific location accident occurred: ________________________________________________

Date accident occurred: ___________________ Time of accident: ______________

Description of accident events/sequence of events that lead to accident:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Injury Description (specific body parts):

_____________________________________________________________________________

Did you seek medical attention?   ☐ Yes    ☐ No    Where? __________________________

Factors you believe to be involved in causing the accident:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

SUBMIT REPORT TO:      SAFETY & RISK MANAGEMENT OFFICE
Southwestern University
1001 University Ave.
Georgetown, Texas 78626

Safety & Risk Management Office Recommendations:   Date Received: _________________

Generate work order?   ☐ Yes    ☐ No
Accident Report Flowchart & Guide

All Employees (Faculty, Staff, Student)
- Report accident to Supervisor. Contact Human Resources and complete accident report. Accident report should be completed at the time of accident. Physical Plant has direct access to accident report. Human Resources will assist all other departments with completing the accident report.
- Workers Compensation carrier may be notified to file a claim.
- Safety and Risk Management Office will be notified with copy of accident report for follow-up.

Accidents Not Reported to SUPD
- SUPD may assist with first aid/EMS support.

Students
- Residence Life staff should complete an accident report and forward to S&RM for follow-up.

Visitors
- Report to SUPD (1944). SUPD will provide assistance and complete an incident report.
- Safety and Risk Management Office will be notified by SUPD (e-mail and copy of incident report) to assess and follow-up as needed.

Notify Safety and Risk Management Office to complete accident report and for follow-up.