

**TITLE III  
SAFETY REGULATIONS**

**CHAPTER 4      RISK MANAGEMENT AND ACCIDENT POLICY**

**4.01 Policy**

While The Town of Flower Mound places safety amongst its top priorities, accidents will occur. When accidents do occur, they must be reported to the appropriate parties as outlined in the following sections. All work-related accidents that result in or could potentially have resulted in injury or property damage will be investigated. The Town's Safety Committee will complete the investigations and propose methods to reduce risk. As nearly all accidents and incidents have their own unique characteristics, only general rules and procedures can be outlined here.

**4.02 Responsibilities**

- A.    **Employee Responsibilities**
  - 1. Employees must immediately report to their supervisor any on-the-job injury or illness they sustain, or suspect they have sustained, no matter how minor (see also Title I, section 5.09 (I) of the PARM). They must also report any incidents that had the potential for injury to employees or third parties and any instances where property damage occurred.
  - 2. Seek medical attention for anyone injured.
  - 3. Refrain from making any statements or admissions to anyone other than your supervisor, an investigator, or any other duly authorized representative of the Town or law enforcement officer.
  - 4. Submit proper documentation regarding the details of the accident to their immediate supervisor.
  
- B.    **Supervisor Responsibilities**
  - 1. Supervisors shall first respond to the immediate medical needs of any injured persons.
  - 2. Review documentation submitted by employees related to an incident for content and thoroughness.
  - 3. The immediate supervisor of the employee will complete the appropriate forms/reports based on the type of situation (see scenario choices under 4.03 Procedures).

- C. Witness Responsibilities
  - 1. Witnesses to the event that resulted in the accident or incident will provide statements about what they observed. The witnesses may also be asked to participate in the initial and/or final investigations.
- D. Human Resources Responsibilities
  - 1. The Human Resources Division is responsible for receiving the initial reports of any Workers' Compensation Injury and forwarding them to the appropriate insurance representatives in a timely manner.
- E. Budget Office Responsibilities
  - 1. The Budget Office is responsible for receiving the Town Accident Forms from Town employees and any Notice of Claim Against the Town of Flower Mound forms from the Town Secretary's Office for processing with the appropriate insurance representative in a timely manner.

#### **4.03 Procedures**

##### **I. Workers' Compensation Claims/Accidents Involving Employee Injury**

- A. Initial Notification: Employees are responsible for reporting all injuries, illnesses or incidents as described earlier in this policy. Failure to report any injury or incident may be cause for loss of benefits, as well as disciplinary action (Title I, Section 6.04 (H 8). (In the event of a serious or disabling injury, supervisors must assume this reporting responsibility.)
- B. Initial Treatment: During normal working hours, it is preferred to use the occupational medical provider designated by the Town of Flower Mound. Medical treatment is mandatory for any of the following:
  - Severe chest pains
  - Traumatic injuries
  - Loss of consciousness or severe dizziness
  - Chemical or Biological contaminations
- C. The first responders to any incident scene will be responsible for securing the area to prevent further damage or injury and also protecting the integrity of the incident scene until an investigation can be initiated.

- D. Any incident involving possible exposures to bloodborne pathogens, communicable diseases, or any other contagious substance shall be handled in accordance with those specific policies or procedures regarding that particular incident.
- E. Injured employees are to be transported for medical treatment either by ambulance or another person depending on the severity of the injury. Injured employees should never be allowed to transport themselves for initial medical treatment, but they may transport themselves for follow-up visits if the injury does not impair their driving abilities.
- F. If an employee refuses medical treatment for an on-the-job injury, the **Town Accident Form** should be completed and the employee's signature used to document the event.
- G. Reporting Requirements: For accidents resulting in a Workers' Compensation (WC) injury, an **Employer's First Report of Injury or Illness** form must be completed by the supervisor/manager and forwarded to the Human Resources Division by the following business day after the accident to assure an initial report is completed and forwarded to the appropriate insurance representative. If the accident also involves property damage/loss, additional procedures will need to be followed (see sections below).

## II. Claims and Legal Suits Against the Town

- A. Any party desiring to make a claim against the Town of Flower Mound may complete a **Notice of Claim Against the Town of Flower Mound** form, which is available in the Town Secretary's Office. The completed form should be returned to the Town Secretary's Office.
- B. Any party desiring to file a legal suit against the Town must file with the Town Secretary's Office.
- C. If departments receive written or verbal notification from any party desiring to make a claim or legal suit against the Town for any damages, they shall refer the party to the Town Secretary's Office.
- D. The Town Secretary's Office will forward a copy of the claim and/or suit to the Budget Office for processing.

- E. The Budget Office will send the claim or suit to the Town's risk provider and will coordinate all further required action.

### III. Motor Vehicle Accidents

- A. Upon the occurrence of a vehicular accident involving an employee driving a Town vehicle or a personal vehicle while acting in the scope of Town employment, the employee(s) should contact their supervisor immediately, regardless of time or day, unless restricted by debilitating injury or extraordinary circumstances.
- B. Employees should contact the local police department. If there are any injuries, the employee should also contact the local Fire and Emergency Services.
- C. The employee's supervisor must first respond to any medical needs of the employee and second have the employee sent to a proper facility for post-motor vehicle accident alcohol and drug testing. Post Motor Vehicle accident alcohol and drug tests shall be conducted on all vehicle equipment operators as soon as practical following the accident (Title I, Section 6.01 (D 2)).
- D. If a non-employee vehicle/property owner involved in the accident wishes to file a claim against the Town, the employee(s) shall instruct the owner to obtain a copy of the **Notice of Claim Against the Town of Flower Mound** form from the Town Secretary's Office.
- E. The employee's supervisor must complete a **Town Accident Form**. If an employee sustained any injuries, see the procedures for Workers' Compensation claims above. All areas of the form should be completed, including the Potential Liability section if a non-Town vehicle or private property was damaged.
- F. Any employees who are witnesses to the accident must submit a Witness Statement.
- G. The employee's department head (or designee) shall arrange to obtain three (3) estimates for repair of the Town vehicle or personal vehicle used in the scope of Town employment and attach estimates to the Town Accident Form. Confirm with

Purchasing the number of estimates required based on the situation.

- H. All completed Town Accident Forms, Witness Statements, police reports, estimates, and pictures (if available) shall be forwarded to the Budget Office within three (3) working days of the accident. If all documents except for the repair estimates are ready to submit to the Budget Office, the repair estimates may be submitted separately as soon as they are available.
- I. If the accident resulted in a serious injury or death of any parties involved, the Town Secretary's Office, Financial Services Department, and Town Manager must be notified as quickly as possible. If the accident resulted in the serious injury or death of a Town employee, the Human Resources division should also be contacted. The following information will be required when notification is given:
  - Time
  - Date
  - Location of accident
  - Name, address, and telephone number of the seriously injured or deceased individual (if possible)
  - Location where the seriously injured or deceased individual was transported

#### IV. Damage to Property

- A. The employee involved in or first to witness damage to Town property or damage to private property caused by a Town employee must complete a **Town Accident Form**. If multiple employees witness the damage as it occurs, only one employee must fill out a Town Accident Form; the others need only submit witness statements.
- B. The department head (or designee) must obtain three (3) estimates for replacement or repair of Town property. Confirm the number of estimates required with Purchasing.
- C. It is the responsibility of the department head (or designee) to ensure that the Town Accident Form and Witness Statements are completed and forwarded to the Budget Office within three (3) working days for processing. Available photos and repair estimates should be attached to the Town Accident Form.

- D. If private property is damaged by a Town employee, the property owner may submit a Notice of Claim Against the Town of Flower Mound to seek compensation for damages. (See the prior section titled Claims and Legal Suits Against the Town.)

#### IV. Injury to Individual/Non-Employee While on Town Property or While Interacting With Town Employee

- A. A **Town Accident Form** should be completed when an individual/non-employee is injured while interacting with a Town employee or was on Town property when injured. The first employee to witness the injury should complete the Town Accident Form. If multiple employees witness the damage as it occurs, only one employee must fill out a Town Accident Form; the others need only submit witness statements. The form is necessary to provide information should the injured individual choose to file a liability claim against the Town.

#### V. Property Theft

- A. Any and all theft of Town property shall be reported to the Flower Mound Police department for investigation and proper handling for purposes of law enforcement.
- B. The department head (or designee) in charge of the property should complete a **Town Accident Form** that provides as much detail about the event as possible and obtain three (3) estimates for replacement or repair.
- C. It is the responsibility of the department head (or designee) to ensure that the Town Accident Form is completed and forwarded to the Budget Office within three (3) working days for processing. If available, a police report and photos of the affected area should be included with the Town Accident Form.

#### VI. Reimbursement for Damage to Property/Vehicle or Property Theft

- A. Upon receipt of a Notice of Claim Against the Town of Flower Mound form or a Town Accident Form, the Budget Office will forward the form to the Town's risk provider, and the risk provider shall become solely responsible for the claim's resolution.

- B. For claims made by non-employees, the risk provider will mail the person either a check for reimbursement or a letter explaining why the claim was denied. For certain incidents in which reimbursement is given, the Town will receive a bill for the deductible. When an invoice is received, the Financial Services department will process the invoice for payment.
- C. For claims originating within the Town, the Financial Services department will receive and process the reimbursement check from the risk provider.

#### **4.04 Safety Committee Investigation**

The Safety Committee will meet as soon as possible to investigate all work-related accidents that result in or could potentially have resulted in injury or property damage.

The investigation will include:

- (1) Description of the event by the involved persons
- (2) Accounts of witnesses
- (3) Input from supervision
- (4) Listing of causes
- (5) Development of corrective actions.

The investigation must answer the following basic questions:

- **Who** was injured or what was damaged?
- **When** did the accident/incident occur?
- **Where** did the accident/incident occur?
- **Why** did the accident/incident occur?
- **What** caused the accident/incident to occur?
- **How** can it be prevented from occurring again?

The Safety Committee will take responsibility for issuing the Accident Investigation Report, as found in the PARM (Title III, Chapter 4, Appendix A). The report will also include:

- (1) Finalized corrective actions.
- (2) Assigned completion dates for all corrective actions.
- (3) The Supervisor assigned to oversee the corrective actions shall notify the Human Resources Division when the corrective actions have been completed.

Copies of the report should be supplied to:

- (1) Human Resources Division
- (2) Division and Department Head

#### **4.05 Preventive Investigations**

The Human Resources Division shall compile a listing of potentially hazardous areas or practices periodically for investigation and recommendations by the Safety Committee. These listings can be based on reported incidents, reports of unsafe conditions by employees or other means available.

The Safety Committee shall review the presented information, make recommendations to avoid the potential for injury or damage to property, and shall follow up on its recommendations to assure compliance.

#### **4.06 Summary of Forms**

- **Employer's First Report of Injury or Illness:** This form should be completed after any accident resulting in injury to a Town employee. It must be completed by the supervisor/manager and forwarded to the Human Resources Division by the following business day after the accident to assure an initial report is completed and forwarded to the appropriate insurance representative.
- **Town Accident Form:** This form should be completed after any accident involving a Town employee or Town property, except situations where there is a Workers' Compensation injury and no property was damaged (then only an Employer's First Report of Injury or Illness is required). Examples include accidents where Town property is damaged, a Town employee damages private property, a person is injured on Town property, a person is injured while interacting with a Town employee, or a motor vehicle accident involving a Town employee. The Town Accident Form must be submitted to the Budget Office within three (3) working days. This form provides the information necessary for staff to file an insurance claim if needed and obtain funds from the Town's insurance provider to pay for any damages. This form is also used to make the Financial Services department aware of any potential claims that could be placed against the Town related to Town accidents.
- **The Notice of Claim Against the Town of Flower Mound:** This form is to be completed by any person wishing to seek remedy for a loss incurred that they feel the Town has caused. This form should be



submitted to the Town Secretary's office for processing and, according to the Town Charter (Article XI, Section 6-A&B), the person has six months to submit their claim.

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The Town of Flower Mound Risk Management and Accident Policy is hereby approved this 14<sup>th</sup> day of January, 2011.

  
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Harlan Jefferson, Town Manager