

**Administrative Procedures**

**HMIS-PRO-SP-077**

**Reporting, Investigating, and Managing Health, Safety and  
Property/Vehicle Events**

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Reporting, Investigating, and Managing Health, Safety and Property/Vehicle Events

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## Reporting, Investigating, and Managing Health, Safety and Property/Vehicle Events

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### 1.0 PURPOSE

This procedure summarizes the process for reporting, investigating, and managing Occupational Injury/Illness (OII) cases or events that have safety or health significance and for complying with U.S. Department of Energy (DOE) CRD O 231.1B Admin Chg. 1, *Environment, Safety and Health Reporting Requirements*. This procedure also includes documenting vehicle and property damage incidents.

### 2.0 SCOPE

This Level 1 procedure is applicable to Hanford Mission Essential Services Contract (HMESC) employees and Subcontractors, including all sub-tier Subcontractors.

*NOTE: Review HMIS-PRO-EM-060, Reporting Occurrences and Processing Operations Information and HMIS-PRO-PA-052, Issues Management.*

This document partially implements the Integrated Safety Management System (ISMS) Core Function #5, Provide Feedback and Continuous Improvement.

### 3.0 RESPONSIBILITIES

#### 3.1 Case Manager

- Provides interpretation of this procedure and program guidance.

### 4.0 INSTRUCTIONS

#### 4.1 Emergency Situation

| Actionee               | Step | Action  |
|------------------------|------|---|
| Responding Employee(s) | 1.   | DIAL 911 from a land line phone or 509-373-0911 from a cell phone for all on-site emergency events.   |
|                        | 2.   | <u>IF</u> reporting an emergency from an off-site location, <u>THEN</u> DIAL 911.   |
|                        | 3.   | PROVIDE assistance to injured/ill employee, which may include rendering first aid treatment. Employees with potential head, neck, or back injuries should not be moved unless the employee's life is in danger. |
|                        | 4.   | REMAIN with the injured/ill employee until Emergency Medical Services (EMS) arrive.   |
|                        | 5.   | PROVIDE pertinent information as requested by EMS personnel.  |
|                        | 6.   | NOTIFY the injured/ill employee's management, if known.   |

*NOTE: Employees may print off this document for reference purposes but are responsible to check HMIS Procedure System to ensure the most current version is used to prevent unintended use of obsolete versions.*

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### 4.2. Occupational Injuries and Illnesses (OII) Events

| Actionee                | Step | Action   |
|-------------------------|------|--|
| Injured/ill employee(s) | 1.   | NOTIFY the immediate supervisor/manager as soon as possible after the occurrence of an OII. If the severity of the OII prohibits notification, another employee may provide the notification   |
|                         | 2.   | <u>WHEN</u> an OII is initially recognized after work hours, <u>THEN</u> NOTIFY immediate supervisor/manager by the beginning of the next work shift.  |
|                         | 3.   | NOTIFY immediate supervisor/manager directly or through a notification process authorized by the supervisor/manager. It is not acceptable to leave a voicemail message or convey the information through a coworker.   |
|                         | 4.   | REPORT to the Site Occupational Medical Contractor (SOMC) for evaluation under the following circumstances: <ul style="list-style-type: none"> <li>• When instructed to do so by management</li> <li>• When instructed to do so by Hanford Fire Department (HFD)</li> <li>• When incurring an occupational injury not meeting self-treat criteria (See Note 2 below)</li> <li>• When the concern is based upon a potential exposure event</li> <li>• After OII private medical provider appointment</li> </ul> |

*NOTE 1: Initial medical evaluations will be conducted by the SOMC with the exception of those cases involving emergency treatment, self-treatment of very minor injuries or occupational conditions occurring during times when the SOMC is not available. When the health service centers are closed, medical evaluation is available by transporting an injured/ill employee to the nearest fire station. The HFD does not provide treatment for minor injuries that can be self-treated at the work site or by SOMC.*

*NOTE 2: Self-treat injuries/incidents are minor injuries (e.g., paper cuts, scratches, small splinters) and may be self-treated at the work site if the employee, the immediate Supervisor/Manager, Case Manager (CM) and/or Project Safety Professional agree on that approach.*

*Not eligible for self-treat and requires medical staff evaluation:*

- Falls
- Strains
- Sprains
- Head injuries
- Eye injuries

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| Actionee               | Step | Action  |
|------------------------|------|---|
|                        |      | -Potential Exposures (e.g., Bloodborne Pathogens, chemical, hearing, etc.)  |
|                        |      | NOTE 3: Potential Exposures can only be examined and/or treated by the SOMC or Kadlec ER.   |
|                        | 5.   | PARTICIPATE in the investigation of the OII or event.   |
|                        | 6.   | COMPLETE the employee section of the HMIS Event Report, Form <a href="#">A-6001-714</a> as soon as possible, but no later than 7 calendar days after the event.   |
|                        | 7.   | INFORM the following: <ul style="list-style-type: none"> <li>Supervisor/Manager</li> <li>SOMC</li> </ul> of all visits to private practitioners, chiropractors, physical therapists, etc., and provide information/documentation regarding treatment or prescription medication related to an OII.  |
|                        | 8.   | <u>WHEN</u> a reported OII worsens, <u>THEN NOTIFY</u> immediate supervisor/manager AND REPORT to SOMC as soon as possible or when services are next available. If a private medical provider is seen, a written release to return to work must be obtained and provided to SOMC.   |
| Supervisor/<br>Manager | 9.   | ASSIST with medical response.   |
|                        | 10.  | ADDRESS or STABILIZE any unsafe condition involved in the OII.  |
|                        | 11.  | <u>IF</u> the employee was injured in a radiological area, <u>THEN CONSULT</u> with the Radiation Protection Organization.  |
|                        | 12.  | INSTRUCT an employee to report to a SOMC for evaluation under the following circumstances: <ul style="list-style-type: none"> <li>When incurring an occupational injury not meeting self-treat criteria (stated above)</li> <li>When instructed to do so by management</li> <li>When instructed to do so by the HFD</li> <li>When the concern is based upon a potential exposure event</li> <li>After OII private medical provider appointment</li> </ul> |

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| Actionee            | Step | Action  |
|---------------------|------|---|
|                     | 13.  | <p>NOTIFY the next level of management, CM, and Worker Alert/Response Notification System (WARNS) designee.</p> <p>NOTE: <i>Include notifications for work related ambulance runs.</i></p>  |
|                     | 14.  | <p><u>IF</u> injured employee is a subcontractor employee, <u>THEN</u> ATTEMPT to contact the subcontractor management and NOTIFY the HMIS Buyer's Technical Representative (BTR), Cognizant Contract Specialist and HMIS CM.</p> <p>NOTE: <i>A supervisor, manager or delegate is expected to accompany injured or ill employee(s) to the involved medical facility whenever possible. Line management has primary responsibility to manage and report illnesses/injuries.</i></p> |
|                     | 15.  | COMMUNICATE employee job requirements and expectations to the medical provider, when a medical restriction is being considered.   |
|                     | 16.  | <p>EVALUATE the employee's daily job tasks against SOMC medical restrictions.</p> <p>NOTE: <i>A medical restriction must be documented and understood by all parties (medical provider, the immediate supervisor/manager, Workforce Relations, and employee).</i></p>   |
| SOMC and Management | 17.  | <p>CONCUR that light duty work is not available before an employee is sent home. Notification shall be made to CM as soon as possible.</p> <p>NOTE: <i>Before employee is sent home, have employee complete the employee section of event report.</i></p>   |
|                     | 18.  | INVESTIGATE the event as soon as possible for the purpose of identifying the facts involved with the event and the corrective actions necessary to reduce the probability of event reoccurrence.  |
|                     | 19.  | <p>At a minimum, ESTABLISH a team to investigate any OII or personal injury/illness resulting from an on-site event that includes:</p> <ul style="list-style-type: none"> <li>• Involved employee</li> <li>• Immediate supervisor</li> <li>• Project Safety/Industrial Hygiene Professional</li> <li>• HAMTC/HGU representative, when applicable</li> </ul>   |

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| Actionee   | Step | Action   |
|--|------|--|
|  | 20.  | <p>SUBMIT the completed Event Report to the CM as soon as possible but no later than seven calendar days after the event.</p> <ul style="list-style-type: none"> <li>When the involved employee is unavailable COMPLETE as much of the Event Report as possible.</li> <li>REVISE and SUBMIT the Event Report when the employee becomes available.</li> </ul> |
|  | 21.  | OBTAIN witness statements as applicable.   |
|  | 22.  | REVIEW and REVISE (if necessary) any applicable hazard analysis to ensure controls are established to prevent future injuries or illnesses.  |
|  | 23.  | ARRANGE to meet an employee at the SOMC primary care facility at 1979 Snyder for evaluation when notified that an employee is unable to report to work because of a work-related injury or illness and is ambulatory.  |
|  | 24.  | CONTINUE routine contact with all employees who are off work due to any injury or illness and NOTIFY CM of updates.  |
|  | 25.  | TRACK open prevention actions to completion using facility action tracking mechanisms (e.g., safety logbook or other tracking systems).  |
| Project Safety/<br>Industrial<br>Hygiene<br>Professional | 26.  | <p>PARTICIPATE in line management's OII investigation and Event Report (ER) preparation.</p> <p>NOTE: See <a href="#">Appendix B</a> for Standard Threshold Shift (STS).</p>   |
|  | 27.  | SIGN event report when completed.  |
| Case Manager<br>(CM)                                     | 28.  | MEET injured employee at SOMC when available.  |
|  | 29.  | NOTIFY HAMTC/HGU Representatives of OII.   |
|  | 30.  | ASSIST line management as needed or requested in the investigation, management, and reporting of OIIs.   |
|  | 31.  | REVIEW submitted Event Reports for adequacy, place in case file (see <a href="#">Appendix C</a> ) OR RETURN to the assigned Project Safety Professional or Supervisor/Manager for revision.  |

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| Actionee                 | Step | Action  |
|--------------------------|------|---|
|                          | 32.  | ASSIGN a case number and transmit copy of the Record of Visit (ROV) to the CM of the Project/Function where the involved employee is assigned.<br><br><i>NOTE: CM will receive HMIS medical information limited to SOMC Record of Visits (ROV) and Audiograms</i>   |
|                          | 33.  | FORWARD follow-up ROV to the assigned CM.   |
| Case Manager             | 34.  | ENTER event information into the database in a timely manner.   |
|                          | 35.  | ATTACH the Case Summary into the Oracle Database.   |
|                          | 36.  | REVISE case files as new information becomes available or changes.  |
|                          | 37.  | MAINTAIN a hard copy case file for five (5) years.  |
|                          | 38.  | <u>IF</u> files are older than five years,<br><u>THEN SEND</u> files to Records Inventory and Disposition Schedule (RIDS).  |
|                          | 39.  | ADVISE the HMIS Program Safety Manager of any potentially recordable OII cases.   |
| Classification Committee | 40.  | REVIEW all case details, identify additional required information as appropriate, and determine the appropriate OSHA classification for the case. Committee members include Manager, Safety Programs or delegate, and all HMIS CMs.<br><br><i>NOTE: Additional attendees of classification meeting shall have a need to know and be approved by the Manager, Safety Programs.</i> |
|                          | 41.  | CLASSIFY events using the criteria specified by DOE O 231.1B and 29 CFR 1904.   |

### 4.3. Government Vehicle Accident

*NOTE 1: Vehicle Accident: Refers to any collision involving a government vehicle with a pedestrian, other vehicle(s) and or other fixed or stationary objects, whether or not any physical damage or bodily injury occurs.*

*NOTE 2: Vehicle Related Property Damage: Refers to a non-accident involving physical damage: including, but not limited to, environmental (wind, tumbleweeds, etc.), vandalism, animal strikes, window or vehicle damage from road hazards or flying objects and vehicle damage from tires or chains, etc.*

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| Actionee               | Step | Action  |
|------------------------|------|---|
| Employee               | 1.   | NOTIFY immediate supervisor/manager.  |
|                        | 2.   | PRESERVE SCENE – Mandatory. Do not move vehicle unless needed to put the vehicle in a safe configuration. Vehicle may be moved after incident has been investigated.  |
|                        | 3.   | FOLLOW OII section for vehicle incidents where an injury has occurred.  |
|                        | 4.   | COMPLETE the employee section of the Event Report form as soon as possible but no later than seven calendar days.   |
|                        |      | <i>NOTE: Refer to HMIS-PRO-TRANS-483, Government Vehicle and Fleet Equipment Operation, Additions and Modifications for additional requirements.</i>  |
| Supervisor/<br>Manager | 5.   | NOTIFY next level of management, CM and WARNS designee immediately.   |
|                        |      | <i>NOTE: For other reporting criteria refer to HMIS-PRO-HR-042, Fitness for Duty, Sections 4.3.2b and 4.3.2c and HMIS-PRO-TRANS-483, for Additional Requirements.</i>   |
|                        | 6.   | NOTIFY both Traffic Safety Representative and Field Safety Representative to perform vehicle accident investigation.  |
|                        | 7.   | INVESTIGATE the event as soon as possible for the purpose of identifying the facts involved with the event and the corrective actions necessary to reduce the probability of event recurrence.  |
|                        | 8.   | At a minimum, ESTABLISH a team to investigate any GSA and Leased vehicle incidents that includes: <ul style="list-style-type: none"> <li>• Involved employee</li> <li>• Immediate supervisor</li> <li>• Traffic Safety Representative</li> <li>• Project Safety Professional</li> <li>• HAMTC/HGU representative as applicable</li> </ul> |
|                        | 9.   | COMPLETE and SUBMIT an Event Report form to the CM as soon as possible but no later than seven calendar days after the accident.  |

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| Actionee  | Step | Action   |
|---|------|--|
| Project Safety<br>Professional<br>and Traffic<br>Safety<br>Representative | 10.  | PARTICIPATE in line management's investigation and Event Report preparation.                     |
| Project Safety<br>Professional  | 11.  | REVIEW and SIGN when complete.   |
| CM  | 12.  | SIGN Event Report when submitted to acknowledge receipt. Place signed Event Report in case file. |
|   | 13.  | INPUT complete case information in the database.   |
|   | 14.  | MAINTAIN a repository of case file documentation.  |
|   | 15.  | MAINTAIN a hard copy case file for five (5) years.   |
|   | 16.  | <u>IF</u> files are older than five years,<br><u>THEN SEND</u> files to RIDS.                    |

**4.4. Government Property Damage**

| Actionee | Step | Action  |
|----------|------|---|
| Employee | 1.   | NOTIFY immediate supervisor/manager.  |
|          | 2.   | INVESTIGATE the event as soon as possible for the purpose of identifying the facts involved with the event and the corrective actions necessary to reduce the probability of event reoccurrence.  |
|          | 3.   | At a minimum, ESTABLISH a team to investigate any incident that involves property damage that includes: <ul style="list-style-type: none"> <li>• Involved employee</li> <li>• Immediate supervisor</li> <li>• Project safety/industrial hygiene professional</li> <li>• HAMTC/HGU representative as applicable</li> </ul> |

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| Actionee   | Step | Action   |
|--|------|--|
| Supervisor/<br>Manager                               | 4.   | NOTIFY next level of management, CM and WARNS designee immediately.  |
|  |      | <i>NOTE: HMIS-PRO-FPROP-133, Property Management Processes, for additional requirements.</i>                                     |
|  | 5.   | COMPLETE and SUBMIT an Event Report form to the CM as soon as possible but no later than seven calendar days after the accident. |
|  | 6.   | COMPLETE service request (KSR) for damage repairs, if needed.  |
| Project<br>Safety/Industrial Hygiene<br>Professional | 7.   | PARTICIPATE in line management's property damage event investigation and Event Report preparation and SIGN when complete.        |
|  | 8.   | SIGN Event Report when submitted acknowledging receipt.  |
|  | 9.   | INPUT complete case information in the database.   |
|  | 10.  | MAINTAIN a repository of case file documentation.  |
|  | 11.  | MAINTAIN a hard copy case file for five (5) years.   |
|  | 12.  | <u>IF</u> files are older than five years,<br><u>THEN SEND</u> files to RIDS.  |

### 4.5. Record Keeping

| Actionee | Step | Action   |
|----------|------|--|
| CM       | 1.   | MAINTAIN the Log of Work-Related Injuries and Illnesses (OSHA No. 300) as required in DOE O 231.1B for all employees and daily supervised subcontractor employees.   |
|          | 2.   | ENTER each recordable injury or illness on the OSHA 300 Log and 301 Incident Report within seven calendar days of receiving information that a recordable injury or illness has occurred. (CAIRS system generates this report) |
|          | 3.   | PREPARE and DISTRIBUTE copies of the annual OSHA 300A, Summary of Work-Related Injuries Report to post (Required from February 1 to April 30) for employees to review.   |
|          |      | <i>NOTE: In addition to the annual posting requirements, 29 CFR 1904.35, Recording and Reporting Occupational Injuries and Illness, includes requirements regarding employee rights of access to the OSHA 300 Logs.</i>        |

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| Actionee | Step | Action  |
|----------|------|---|
|          | 4.   | REVIEW by the fifth of the month following the end of a calendar year quarter, data on revised Recordable OIIs that is contained within the OIIs database and assure all required information is present, current, accurate and ready for submittal to the CAIRS.   |
|          | 5.   | SUBMIT CAIRS reports (DOE F 5484.3) at least bi-monthly for receipt on or before the 15 <sup>th</sup> of the month or the last working day of the month.  |
|          | 6.   | On a quarterly basis by the 10 <sup>th</sup> of the month following the end of the Calendar Quarter (i.e., April 10 <sup>th</sup> , July 10 <sup>th</sup> , October 10 <sup>th</sup> , January 10 <sup>th</sup> ), SUBMIT a CAIRS report prepared in appropriate detail for all revised OSHA Recordable cases.  |
|          | 7.   | SUBMIT reports via CAIRS Direct Data Entry process.   |
|          | 8.   | REPORT quarterly work hours by the 10 <sup>th</sup> of the month following the end of the calendar quarter using the CAIRS Direct Data Entry process.   |
| CM       | 9.   | PERFORM a self-assessment of the accuracy and thoroughness of data contained within the CAIRS database through a quarterly reconciliation of data within CAIRS and databases and subcontractor records.   |
|          |      | <i>NOTE: Personal information in Event Reports, CAIRS Reports, Medical records, and other case support documents is protected under the Privacy Act. Access to this information is limited to the involved employee and those with a business need. This information must be protected from unauthorized access by securing the information in a locked repository or room when unattended. Release of the information is outlined in 29 CFR 1904.35, HMIS-PRO-RM-184, Information Clearance.</i> |
|          | 10.  | Periodically REVIEW information within the database for adverse trends as directed.   |
|          | 11.  | ENSURE initial case data is entered into database within seven calendar days of receiving an SOMC record of visit, notification or an OII, vehicle incident, property damage incident or case number and updated upon receiving new case information.   |
|          | 12.  | ENSURE case information required for CAIRS reports is updated in database as conditions change (case classification, number restricted, days, and/or number of days away) by the 5 <sup>th</sup> of the month following the end of the calendar quarter.  |

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**5.0 RECORD IDENTIFICATION**

All records are generated, received, processed, and maintained by HMIS in accordance with HMIS-PRO-RM-10588, *Records Management Processes*, and HMIS-PRO-RM-32281, *Electronic Records Management*.

**Records Capture Table**

| <b>Name of Record</b>   | <b>Submittal Responsibility</b> | <b>Retention Responsibility</b> |
|---|---------------------------------|---------------------------------|
| Event Report  | Supervisor/Manager              | CM                              |
| Computerized Accident Investigation Reporting System Report (CAIRS) | CM                              | RS                              |
| Completed <i>OSHA No.300</i> and <i>No.300A</i> forms               | RS                              | RS                              |
| Completed <i>DOE F 5484.3</i> and <i>DOE F 5484.4</i> forms         | RS                              | CAIRS Database Administrator    |
| Completed SOMC <i>Record of Visit</i> forms                         | SOMC                            | CM                              |

**6.0 SOURCES****6.1. Source Requirements**

CRD O 231.1B Admin Chg. 1, *Environment, Safety and Health Reporting*  
 10 CFR 851, *Workers Safety and Health Program Description*  
 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illnesses*

**6.2. References**

29 CFR 1904.35, *Employee Involvement*  
 DOE F 5484.4, *Tabulation of Work-Hours*  
 5 USC 552a, *Records Maintained on Individuals*  
 HMIS-PRO-HR-042, *Fitness for Duty*  
 HMIS-PRO-HR-048, *Reasonable Accommodation to Work Restrictions*  
 HMIS-PRO-PA-052, *Corrective Action Management*  
 HMIS-PRO-EM-060, *Reporting Occurrences and Processing Operations Information*  
 HMIS-PRO-RM-184, *Information Clearance*  
 HMIS-PRO-HR-693, *Return to Work*  
 HMIS-PRO-TRANS-483, *Government Vehicle and Fleet Equipment Operation, Addition and Modification*  
 HMIS-PRO-RM-10588, *Records Management Processes*  
 HMIS-PRO-WP-45039, *Biological Hazards (Including Bloodborne Pathogens)*

**6.3. Forms**

*SOMC Record of Visit* form  
*HMIS Event Report*, [A-6001-714](#)

**NOTE:** Employees may print off this document for reference purposes but are responsible to check HMIS Procedure System to ensure the most current version is used to prevent unintended use of obsolete versions.

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Computerized Accident Investigation Reporting System Report (CAIRS), DOE F 5484.3  
*HMIS Case Summary, A-6007-112*

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**Appendix A.  
Hearing Loss/Standard Threshold Shift (STS) Investigation**

1. Case Management
  - 1.1 Receive Individual Hearing Conservation Program Evaluation Letter from SOMC.
  - 1.2 Review Individual Hearing Conservation Program Evaluation Letter for potential STS.
  - 1.3 Notify Project Safety/Industrial Hygienist and supervisor/manager of potential STS.
  - 1.4 Confirm an Individual Hearing Conservation Program Evaluation Letter reflects an OSHA defined STS including adjustment for presbycusis in one or both ears.
  
2. Project Safety/Industrial Hygiene
  - 2.1 Participate in the investigation process.
  - 2.2 Conduct an Industrial Hygiene Baseline Hazards Assessment (IHBHA) or review existing IHBHA to determine what noise exposure levels the involved employee is exposed to in the work environment, document results and provide a copy to the CM for case file. Advise employee's management of IHBHA findings.
  - 2.3 Evaluate and document employee noise exposures and provide a summary report to CM within 14 working days upon receipt of STS notification. Summary report data to be captured on Standard Threshold Shift Form A-6006-313.
  
3. Supervisor/Manager
  - 3.1 Refer to HMIS-RD-SP-11812 *Occupational Noise Exposure and Hearing Conservation*.

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**Appendix B. Case Files****1.0 Completeness**

1. At minimum case files will include an Event Report and Case Summary.
2. All sections of the Event Report will be completed and the form signed by the involved supervisor, Project Safety Specialist/Industrial Hygienist and CM.
3. Case Summary forms, completed for OII only, will include under Case Synopsis, a summary of the event facts relating to the classification of the case (i.e., information relating to work relatedness or not, work restrictions and their impact on routine tasks, and medical treatment). Under Classification Rationale, the classification of the case will be stated and the reasoning behind the classification annotated to include the citing of applicable OSHA/DOE interpretations, sections of 29 CFR 1904, medical opinions, etc. Include CAIRS number if applicable.
4. All ROVs relating to the involved incident will be enclosed within the case file in chronological order.
5. Documents (i.e., medical opinions, Recordkeeping interpretations, and other pertinent information from authoritative sources) necessary to support the classification of a case will be enclosed within the case file or their location identified on the Case Summary form (*HMIS Case Summary*, A-6007-112).
6. A file folder with 2 prong fastener on both sides will be used.
7. Use appropriate stamps for OUO and privacy act

**2.0 Privacy**

1. Case files will routinely contain information that is covered under the Privacy Act, OSHA 29 CFR 1904 and/or is Business Sensitive. As a result, the files and the information contained within must be protected from unauthorized access. CM will guard against unauthorized access using one or more of the following methods:
  - Securing case files when not in use in a locked file cabinet or office
  - Maintaining physical control over the case file when in use
  - Releasing the case file or information for inspection to authorized personnel only
  - DOE personnel in the performance of related duties
  - HMIS personnel in the performance of related duties
  - Involved employee or designated agent (access limited to information identified in 29 CFR 1904.3)

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**Appendix C.  
Beryllium Affected Worker Tracking and Follow-up**

1. The Hanford Site Occupational Medical Director (SOMD) is responsible for identifying beryllium affected personnel assigned to HMIS and its subcontractors.
2. When applicable, the SOMD will invoke a medical restriction to exclude a worker from participating in beryllium work tasks.
3. When the SOMD applies a beryllium medical restriction, the SOMD will notify the designated HMIS Case Manager by transmittal of a ROV report. Within one work day of receipt, the HMIS Case Manager shall initiate the following actions:
  - Notify the employee's direct supervisor, to ensure that the following are completed within one additional work day:
    1. The medical restriction is placed in the employee's personnel record file.
    2. The employee is no longer assigned as a Beryllium Worker.
    3. The employee's Employee Job Task Analysis (EJTA) is updated to remove the employee from Beryllium Worker program for permanent restriction only. Temporary restriction will not apply to changing the EJTA.
    4. Check the Hanford Site Worker Eligibility Tool (HSWET) database to verify the employee no longer appears as a medically qualified beryllium worker.
    5. Coordinate with the worker's supervisor to confirm alternate work assignments or comparable job assignments exist within the work unit, or other work units, to the extent feasible. If alternate or comparable work assignments are not readily available, coordinate with Human Resources as appropriate.
  - Notify HMIS Human Resources to initiate career and benefit counseling with the affected employee within ten days of HMIS receipt of the ROV with a beryllium related work restriction.
  - Notify the HMIS Beryllium Health Advocate to coordinate scheduling and approvals for offsite medical testing (if required), associated travel arrangements, benefit and career counseling with HMIS Workforce Relations, and workplace assessments.
  - Notify the assigned HMIS Industrial Hygienist to conduct sampling for beryllium in accordance with DOE-0342.
4. The HMIS Case Manager shall maintain an itemized log, including dates, of receipt of ROV(s), medical restrictions, notifications as defined above, and follow-up contacts to verify actions were completed in a timely manner.