



DEPARTMENT OF ADMINISTRATION

Enterprise Policy

LEGAL SERVICES- VISITOR INCIDENTS-2019

DIVISION OF LEGAL SERVICES

Visitor Incident Report and Response Policy

Date of Last Revision 01/01/2019

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1. Purpose

- a. In order to identify and investigate visitor incidents in an expeditious and objective manner on State property, locations or facilities, or involving State employees in the course of their duties wherever an incident occurs, a Visitor Incident Report has been developed to report such occurrences and provide guidance for scene management.
- b. In completing this form and filing it with the appropriate departments, the State neither accepts, nor claims, responsibility for events that may have occurred.

2. Applicability

- a. This Policy covers all State Executive Branch Departments (including agencies, boards and commissions), and its and their employees, whether permanent, non-permanent, full or part-time and interns.
- b. This Policy does not cover illnesses or injuries sustained by employees in the course and in the scope of their employment. Such incidents must be reported in accordance with any policy of State Employees Workers' Compensation.

3. Authority

- a. Executive Order 04-09 established a Division of Legal Services within the Department of Administration. One of the stated purposes of this Executive Order was to provide standardization of legal policies and procedures across the Executive Branch.
- b. Executive Order 04-04 established a Division of Facilities Management and Division of Capital Projects and Property Management. Executive Order 04-04 states that "Custody, control, and supervision over any land and all buildings and improvements for all state lands will rest with the Director of the Department of Administration, except as otherwise provided for under law or delegated by the Director of the Department of Administration."

4. Definitions

- a. **"Visitor Incident"** is an incident involving a visitor, contractor, invitee or other third party (together "visitor") where the visitor suffers bodily injury, there is property damage or personal injury.
- b. For purposes of this Policy, a visitor will not be considered a patient or overnight client.

5. Incident Scene Management

- a. If an employee witnesses or is involved in a visitor incident (and she/he is not incapacitated by injury), the employee shall immediately call 911 if the visitor incident requires such action. Such employee shall then report such incident to the appropriate State supervisor as well as the security office or law enforcement officer with responsibility for the area, if any (the State supervisor and security office or law enforcement officer together, "Personnel"). Such Personnel shall assure proper steps are taken at the scene of a visitor incident to ensure safety and security and to manage the incident in the best interest of the State.
- b. If the visitor incident results in major property damage or personal injury, serious bodily injury or death, the State supervisor shall immediately contact: 1) Appropriate State Agency or Department's Director's Office; 2) the Executive Counsel of the Appropriate State Agency or Department if any and if not, the Department of Administration's Administrative and Legal Support Services Administrator; and, 3) the Department of Administration's Risk Manager.
- c. If this is a motor vehicle accident:
 - (i.) Unless incapacitated by injury, the employee operator of the motor vehicle involved in a reportable vehicle accident shall follow the procedures detailed above and shall remain at the scene until completion of all acts required by law or by this Policy.
 - (ii.) Instead of completing Part II of the Visitor Incident Report, an employee operator shall fill out the Department Transportation's vehicle accident report as soon as reasonably possible. The original accident report is sent within forty-eight (48) hours to State Fleet Operations, and a copy submitted to the driver's personnel office.
 - (iii.) The employee operator shall also comply with all State Fleet Policies.

6. Filing of Visitor Incident Reports and Witness Statements

- a. The State supervisor shall complete and sign Part I of the Visitor Incident Report, have the employee involved in the visitor incident complete and sign Part II of the Visitor Incident Report (if not incapacitated from the visitor incident) and obtain Witness Statement(s) from employees not involved in the incident and third parties. Forms of the Visitor Incident Report and Witness Statement are attached to this Policy. Note security offices and law enforcement officers may have their own forms.
- b. The State supervisor shall promptly e-mail the Visitor Incident Report and Witness Statement(s) to: 1) the Appropriate State Agency or Department's Director's Office; 2) Executive Counsel of the Appropriate State Agency or Department if any and if not, to the Department of Administration's Administrative and Legal Support Services Administrator; and, 3) the Department of Administration's Risk Manager. Originals of the Visitor Incident Report and Witness Statement(s) shall be sent to the Department of Administration's Risk Manager. In the event of major property damage or personal injury, serious bodily injury or death, such forms shall be sent within twenty-four (24) hours of the incident.

- c. In completing the Visitor Incident Report and Witness Statement(s) the employee and State supervisor should not make subjective comments as to the circumstances surrounding the incident and should merely report his or her observations and the comments of the visitor or witness to the incident.

7. Cooperation and Noncompliance

- a. Employees shall cooperate with the State in any investigation and resolution of visitor incidents and completion and/or signing of Visitor Incident Reports and Witness Statement(s).
- b. Any employee who violates this Policy may be subject to disciplinary action up to and including termination.

8. Rescission, Replacement or Amendment

- a. The State reserves the right to rescind, replace or amend this Policy at any time without notice.

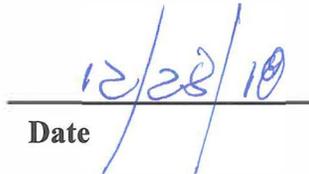
9. Revision History

- a. This Policy revises Office of Accounts and Controls A-52 Incident Response Policy and A-52A Incident Report both dated October 6, 2014. This revision was made to standardize reporting, provide guidance for scene management and relocation of the posting of the Policy for easier location and access.

10. Signatures



Division Director



Date



Director of Administration



Date

Attachments: Visitor Incident Report
Witness Statement

State of Rhode Island
Department of Administration

VISITOR INCIDENT REPORT

PART I: TO BE COMPLETED BY STATE SUPERVISOR

VISITOR INFORMATION:

LAST NAME _____ FIRST NAME _____ MI _____

AGE _____ SEX _____ HOME PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

INJURY SUSTAINED/PROPERTY DAMAGE _____

AGENCY NAME _____ ADDRESS _____

LOCATION WHERE INCIDENT OCCURRED _____

DATE: _____ TIME _____ AM PM _____

WITNESS: _____ LAST NAME _____ FIRST NAME _____ MI _____

HOME PHONE: _____ STATE EMPLOYEE YES NO

ADDRESS: _____ CITY/STATE _____ ZIP _____

VISITOR SOUGHT MEDICAL TREATMENT: YES NO UNKNOWN

NAME OF TREATMENT FACILITY: _____

AMBULANCE/RESCUE CALLED: YES NO IF REFUSED EXPLAIN:

NAME OF TREATMENT FACILITY: _____

COMMENTS:

Signature of Preparer:

Title:

Date:

Department or Agency:

Telephone No.:

PART II: TO BE FILLED OUT BY STATE EMPLOYEE INVOLVED IN INCIDENT:

Describe incident and circumstances. Include all pertinent information, including date and time of incident. Use additional paper if necessary.

<i>Struck By/Against</i>	<i>Slip/Trip/Fall</i>	<i>Caught Between</i>
Equipment	Floor	Door and Frame
Person	Electrical Cord	Equipment & Wall
Falling Object	Stairs	Tool and Object
Other	Grounds	Other
	Other	

SIGNATURE OF EMPLOYEE

Date:

Department or Division where employee works and telephone number:

Original To: DOA's Risk Manager – Dept. of Admin., One Capitol Hill 4th Floor, Providence, Rhode Island

Copy To: Appropriate State Agency or Department Director's Office
Executive Counsel of Appropriate State Agency or Department or if none to DOA's
Administrative and Legal Support Services Manager



STATE OF RHODE ISLAND

WITNESS STATEMENT

Date:

This is to certify that I was a witness to the accident/incident of:

Name:

Date of injury:

Time of injury:

Location of injury:

Description of accident/incident: _____

Witness (Please print your name)

Signature of Witness

Date:

Address:

Telephone Number:

If State employee, where you work and telephone number:

cc: DOA's Risk Manager (original)
Appropriate State Agency or Department's Director's Office
Executive Counsel of Appropriate State Department or Agency or if none to
DOA's Administrative and Legal Support Services Manager
DOA Office of Capital Asset Management