**WORKPLACE ILLNESS AND INJURY POLICY**

**INJURY AND ILLNESS**

At [EMPLOYER'S NAME], ensuring a safe work environment is a shared responsibility. Employees are encouraged to report workplace safety concerns, on-the-job injuries or illnesses, and any accidents or near misses that could have caused harm.

Timely reporting helps injured or ill employees receive necessary medical care promptly and allows [EMPLOYER'S NAME] to identify and address potential hazards efficiently. All incidents and concerns should be reported as outlined in this policy.

To ensure compliance with applicable state laws, [EMPLOYER'S NAME] adheres to all relevant regulations regarding the reporting of workplace injuries and illnesses. This policy is designed to align with South Dakota's specific requirements to ensure lawful and effective management of workplace health and safety incidents.

**REPORTING UNSAFE CONDITIONS OR HAZARDS**

Employees who notice any unsafe conditions or potential hazards—such as [wet floors, malfunctioning equipment, broken tools, or [OTHER HAZARD]]—or have any concerns about workplace safety must immediately report these to their direct supervisor[ or the Safety [Manager/Coordinator]].

If the direct supervisor[ or the Safety [Manager/Coordinator]] is unavailable, employees should escalate their report to [the next level of management/[DEPARTMENT NAME] Department] as soon as possible to ensure timely resolution.

**REPORTING WORK-RELATED ILLNESSES OR INJURIES**

[EMPLOYER'S NAME] emphasizes the importance of reporting all work-related injuries and illnesses to management as soon as reasonably possible. Prompt reporting ensures that injured or ill employees receive necessary medical care quickly and facilitates identifying and addressing potential hazards.

Reporting procedures

*Injury or illness occurs at work*

If you experience or become aware of a workplace injury or illness while on the job, you must report it immediately, or at the latest, before leaving the facility or within [eight/[NUMBER]] hours of becoming aware of the issue, whichever is sooner.

Reports should be made to your direct supervisor or, if unavailable, to [the next level of supervision/[DEPARTMENT NAME] Department].

If medical attention is required, the injury or illness must also be reported to [[EMPLOYER'S NAME]'s medical personnel/[TITLE]/[DEPARTMENT NAME] Department]. In the case of a medical emergency, employees should call 911 immediately.

Injury or illness occurs off-site

If you are not at work when you become aware of a work-related injury or illness, you must report it as soon as reasonably possible and no later than [eight/[NUMBER]] hours after becoming aware.

Reports should be made by contacting your direct supervisor or, if unavailable, [the next level of supervision/[DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s designated attendance hotline].

When reporting via the attendance hotline, you must specify that you are reporting a work-related injury or illness.

Witnessing a workplace injury or illness

Employees who witness or become aware of another employee suffering a workplace injury or illness must report the incident unless it is evident that the injured or ill employee, or another individual, has already reported it.

Protection against discipline

Employees who report work-related injuries or illnesses in compliance with this policy will not face disciplinary action for any delay in reporting, provided they adhere to the guidelines above.

**REPORTING NEAR MISS INCIDENTS**

[EMPLOYER'S NAME] requires employees to promptly report all workplace incidents or accidents that, while not resulting in injury or illness, had the potential to do so. Reporting these "near miss" events ensures that potential hazards can be identified and addressed proactively.

Definition of a near miss

A "near miss" is any workplace incident, accident, or unexpected event that:

* Results in damage or potential damage to equipment or facilities, regardless of severity.
* Could have resulted in injury or illness, even if no harm occurred.

This definition excludes any event involving an actual workplace injury or illness, which must be reported under the procedures outlined above.

Reporting procedures

*When to report*

Employees must report any near miss they observe, are involved in, or become aware of. Reports should be made as soon as reasonably possible but no later than the end of the employee's shift or workday.

*How to report*

Near misses should be reported to:

* The employee's direct supervisor.
* If the direct supervisor is unavailable, [the Safety [Manager/Coordinator]/the next level of supervision/[DEPARTMENT NAME] Department].

*Duplicate reporting*

Employees are not required to report a near miss if they are aware that the same incident has already been reported by another employee.

By identifying and addressing near misses, [EMPLOYER'S NAME] aims to maintain a safer workplace and prevent future accidents.

**NO RETALIATION**

[EMPLOYER'S NAME] strictly prohibits any form of discipline, reprisal, intimidation, or retaliation against employees for:

* Reporting violations of safety rules, hazardous conditions, or other safety concerns.
* Reporting workplace injuries or illnesses.
* Reporting incidents, accidents, or near misses.
* Participating in or cooperating with investigations related to safety issues, injuries, illnesses, accidents, or near misses.

Commitment to reporting freedom

No employee, supervisor, or member of management may interfere with or discourage anyone from reporting a safety concern, injury, illness, accident, or near miss in accordance with this policy.

Reporting retaliation

If you believe you or a coworker has been retaliated against for reporting or cooperating with any safety-related issue:

* Report the conduct to your direct supervisor.
* If your direct supervisor is unavailable or if you are uncomfortable reporting to them, you may escalate the issue to:
  + The [next level of supervision above your direct supervisor].
  + The [DEPARTMENT NAME] Department.
  + A member of [EMPLOYER'S NAME]'s Human Resources Department.

[EMPLOYER'S NAME] is committed to addressing and resolving any concerns of retaliation swiftly and effectively to ensure a safe and supportive workplace.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy.

If you have any questions about this policy or require guidance on health and safety matters not covered within it, please reach out to the [DEPARTMENT NAME] Department for assistance.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions outlined in this policy are designed to complement, rather than modify, replace, or supplement, any employment terms established in a collective bargaining agreement between [EMPLOYER'S NAME] and a union.

Employees are encouraged to review their applicable collective bargaining agreement for specific terms and conditions of employment. If any provisions in this policy conflict with the terms expressed in the collective bargaining agreement, the agreement’s terms will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date