184383

Name of Appendix: **Handling safety events and reporting accidents**

1. **Defining concepts**
   1. **Standard concepts**

This directive uses several concepts and names relating to accidents or near-accident events. Since the point is not to engage in linguistics, we will say that generally speaking, standard Hebrew/English concepts will be used here. Israeli law (see “The Accidents and Occupational Diseases Ordinance (Notification) – 1945”) also does not deal with linguistics.

The file of the Honorable Judge Menachem Goldberg (Sadan Publishing) the editor states regarding the term “accident” – “The term must be given its normal definition,” and refers to the verdict in **Fenton v. Thorley & Co., Ltd. (1903), A.C. 443**, where this approach is mentioned. The definitions below are to be used for concepts in the framework of this directive.

* 1. **Definitions**
     1. Hazardous event – a single event or a series of uncontrolled events, or events that became out of control that could have caused bodily injury or property damage, but did not cause such outcomes.
     2. Property accident – a hazardous event that ended with significant property damage only.
     3. Human accident – a hazardous event that ended with bodily injury to a person, accompanied by or without property damage.
        1. Minor accident – an accident that did not cause irreparable bodily injury, that led him absence from work for up to two days (inclusive).
        2. Moderate accident – an accident that did not cause irreparable bodily injury and led to absence from work for a considerable period of time, that is, three days or more.
        3. Serious accident – an accident that caused disability, occupational illness or other irreparable injury to a person.
        4. Fatal accident – an accident that caused a person’s death.
     4. Safety event – a comprehensive name for all of the concepts defined above.
     5. Those present – workers (administration employees, contract workers and academic faculty members) or students.
     6. Responsible persons – Regarding employees: their supervisors (administrative staff or academic faculty). Regarding students: as part of a class/review, etc. – the instructor or lecturer not in this framework but present on campus grounds – administration of the faculties to which they belong.

1. **Actions following a safety event (accident or hazardous event)**
   1. **Immediate actions at the site of a safety event**

In case of a safety event, those present and those responsible for them at the site shall act quickly and in an informed manner to stop the impact of what caused the event. If the event involves a human accident, they should do their best to administer first aid for those injured. Mandatory procedures for actions to be taken by those present and responsible individuals include all of the appendices to University Directive 07-302. Guidelines for prioritizing actions in the case of a human accident can be found in Appendix A.

* 1. **Transmitting information and reporting**
     1. In case of a safety event – those present shall notify the persons responsible for them, the Security Control Center and the Safety Unit.

Based on the seriousness of the event, they will inform the head of the Security Unit and the head of the Safety Unit, as well as the University’s appropriate administrative entities.

* + 1. In case of a human accident – those present will immediately notify person responsible on-site and/or the supervisor of the injured party and/or the administration of the injured student’s department. They should also report immediately to the Security Control Center and the Safety Unit, which will inform the appropriate administrative entities within the University.
    2. In a human accident the responsible person will report in writing using the “Report of an Employee Accident” or “Notification of an Accident or Occupational Disease” (regarding students who are not University employees), to be distributed as described on the forms.

Samples of the forms are found in Appendix B to this Directive.

* + 1. In the case of an employee accident, the Registration Section of the Human Resources Department will update the worker’s personnel file and if necessary, the National Insurance Institute.

The Registration Section will involve the Social Affairs Section (in the Human Resources Department) if it is necessary to update the family and to be in contact with medical entities.

The Social Welfare Section is also responsible for monitoring the employee’s treatment until he returns to work.

* + 1. In the case of an accident involving a student who is not a University employee, the administration of the department/departments to which the student belongs is responsible for updating his personal file concerning the accident, including sending a copy to his file in the University’s Registry Unit (for bachelor’s students; for master’s students or his file in the Registry Unit). The departments, in conjunction with the Dean of Students, are responsible, if necessary, to notify the student’s family and to monitor his treatment until he returns to class.
  1. **Clarifying and investigating the circumstances and causes of a safety event**
     1. Safety events at TAU will be investigated by ad hoc committees to be appointed by the head of the Safety Unit (at his discretion).
     2. Every such committee will include the Safety Supervisor of the Safety Unit. If a student is injured, a representative from the Dean of Students will also participate, as necessary.
     3. The committee as aforesaid will not include individuals who belong to the unit in which the safety event occurred.
     4. A report on the safety event will be prepared by the chairperson of the committee appointed. It will include a description of the accident, a summary of witness testimonies, a summary of the accident’s outcomes and a description (non-medical) of injuries, conclusions and recommendations.
     5. The report will be given to the head of the faculty/school/division/unit in which or to whose personnel the safety event occurred, and to the chairperson of the committee there. Copies will be sent to the following entities: University CEO/Rector (as relevant), chairperson of the Safety Council, Safety Unit.
     6. The Safety Committee chairperson of the Safety Sector will be responsible for bringing every safety event before the Sector Safety Committee. Lessons learned from the safety event will be distributed through the Sector Safety Committee, and any other possible manner, in order to prevent similar events from occurring in the future.

1. **Safety events outside the framework of work or a class/review/instruction**

A safety event that takes place on campus at which people who are not University students or employees were present will be reported by those at the site to the Security Control Center, according to the type of event that took place (accident with or without injuries), and should also be reported to the Safety Unit and the campus clinic. These entities can be reached by telephone, and their numbers can be found on the Emergency Information sheets located on bulletin boards in the buildings’ corridors. This information sheet is also printed in the University telephone directory, on the inside of the first page.

The “Emergency Information” sheet is also attached here as Appendix C.

Those present at a safety event may, of course, call public authorities (such as the Israel Police, Magen David Adom, fire fighters) for help in the case of a safety event. The phone numbers of these entities, as well as other entities that can provide help in an accident or when hazardous materials or ionizing radiation are involved, are listed on the information sheet.

1. **Summary of accident reports**
   1. A summary of the accident reports will be kept by the Safety Unit.
   2. Any accident that includes injured persons who are absent from work for three days or more must be reported to the Work and Occupational Health Supervisor by the Safety Unit.

The Human Resources Department must report to the appropriate office of the National Insurance Institute.

**Appendix A**

1. **Stopping the impact of the cause of the safety event**

Those present and responsible individuals near the site where a safety event has taken place must act as quickly as possible, according to the instructions that apply to them, in order to stop whatever has caused the event, if it is ongoing.

**Examples of this type of action include the following:**

* 1. Cutting off electrical current.
  2. Closing the valve in a pipe for steam, hazardous gas or a hazardous liquid, when there is a leak from the valve.
  3. Closing a valve as aforesaid when there is an unplanned and hazardous event in an equipment unit below the valve.
  4. Stopping machinery because it is not functioning properly.
  5. Turning on or shutting off a ventilation system.
  6. Turning on a neutralization system.
  7. Operating the firefighting equipment.

These actions must be carried out with consideration, quickly but not hastily, and in a manner that prevents danger.

1. **Treating the injured**

(see “Lifesaving First Aid” by Yoel Donchin and Natan Korkdinsky, Defense Ministry Publications, Third Edition, 1998)

* 1. **If an employee has been injured and there is no additional danger where he is located, those treating him should perform the following actions in this order:**
     1. Check to see of the injured person is conscious by communicating with him by speaking, moving or pinching him, etc.
     2. If the injured person is conscious, the order or priorities for treating his injuries is as follows:
        1. Lay the injured person down somewhere that is as comfortable as possible
        2. Prevent choking (perform artificial respiration if required)
        3. Stop hemorrhaging
        4. Treat burns, broken bones, wounds

(if there are enough people, you can administer treatment in parallel)

* + 1. If the injured person is not conscious, employ the method for treating the unconscious:
       1. Airways – tilt the person’s head back to open his airway that might be blocked (for example, his tongue might be in the back of his mouth)
       2. If the injured person is not breathing, perform artificial respiration
       3. Check his pulse and if there is no pulse, immediately begin heart massage

[[1]](#footnote-1)\*(Instructions for these actions can be found in the “Lifesaving First Aid” book mentioned above. Naturally, if there is an experienced medic near the site of the event, then he/she should be called immediately to administer treatment.)

* + - 1. The order of actions once breathing and pulse have been restored to normal are as stated in paragraph 2.1.2.
  1. If an employee has been injured in an event and at the site of the event there is a risk for further injury (as a result of poisonous gas, fire or other reason), the injured person should be evacuated to a safe place. Evacuation of an injured person in this case must be done carefully using protective equipment suited to the situation.
  2. If injury to the injured person is possible but not immediate, or it is possible to protect him from such danger (using equipment), the evacuators should consider the following factors before evacuation:
     1. Is the injured person unconscious – in which case it is best to evacuate him for treatment as described in paragraph 2.1.3.
     2. Is the injured person bleeding – in which case it is best to stop the hemorrhaging while evacuating the person.
     3. Does the injured person have a head or spinal injury – in which case it is best for him not to be carried except by experienced medics.
     4. Does the injured person have serious burns – in which case the burns should be cooled immediately after evacuation using cool, clean water (without removing clothing that may be sticking to the burns) and the injured person wrapped in a special blanket for this purpose.
  3. Remember that the instructions presented in paragraphs 2.3.1 and 2.3.2 should be performed before evacuation if there is no immediate danger to the life of the injured person if he remains where he was found.

1. **Order of actions**

When an event has occurred with injuries there could be questions regarding priorities in performing paragraphs 1 and 2. As a general rule, it is obvious that injured persons take precedence over equipment and therefore, if possible, first evacuate and treat the injured and then deal with equipment. In cases where the danger is immediate for other people at the site, workers should first do what is necessary from paragraph 1 and then evacuate injured persons (see paragraph 2).

It is the responsibility of the senior supervisor at the site of the event to decide on the priorities. If there are sufficient personnel at the site, the supervisor should coordinate actions in parallel to both evacuate the injured and stop the cause of the hazard.

1. Further to the immediate actions mentioned in the previous paragraphs, employees should continue with the following actions:
   1. The senior-most employee among those at the site of the safety event should report to his supervisor, and he, in turn, must report to the administration of the faculty/school/division/unit at TAU.
   2. The faculty/school/division administration will send the report to the University CEO, Rector or Dean of Students – whichever is relevant to the safety event and the people involved.
   3. In the case of injured party in an accident, the appropriate forms must be completed (see Appendices B-1 and B-2). Copies should be sent to the entities listed at the top of these report forms (below the title).
   4. The Safety Unit will report on accidents following which injured parties have been absent for three days or more to the Regional Labor Supervisor of the Ministry of Labor and Social Affairs. The Social Rights Division will report to the appropriate department of the National Insurance Institute.

**Appendix B (1)**

**Report of an Accident of an Employee**

**Internal Document**

(To be completed by the direct supervisor of the injured person or his substitute)

Source: Safety Unit; Copy 1 – Personnel Dept. – Wages Div.; Copy 2 – Insurance Supervisor – Financial Dept., Copy 3 – Unit documentation)

**1. Details of the injured person**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Tel. No. (at work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | No. \_\_\_\_\_\_\_\_\_ | | Tel. at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Faculty / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Dept. / Sect. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Salary method:[[2]](#footnote-2)\* Daily / Monthly / Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tenure \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Tenure \_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Details of the accident**

|  |  |  |  |
| --- | --- | --- | --- |
| Site of the accident (detailed!) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Time \_\_\_\_\_\_\_\_\_\_\_\_ | No. of hours from start of the work day \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Circumstances:\* During work / On the way to / from work / social activity / sport activity / occupational disease | | | |
| Cause of the accident:\* Fall / trip / machinery / installation / transporting objects / maintenance works / assembling personal protective equipment / obstacle / failure to follow instructions / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Detailed description of the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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

**3. Details of injury**

|  |  |
| --- | --- |
| Nature of the injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Part of the body injured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Treatment received:\* In the unit / At University clinic / needed ambulance / hospitalized (name of hospital) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| No. of days absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Member of *kupat holim* (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**4. Details of the report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eyewitness #1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Eyewitness #2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Reporting – Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_ | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_ | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. Suggested improvements – Remarks**

|  |  |
| --- | --- |
| Person reporting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Safety Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Safety Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix B (2)**

**Notice of an Accident or Occupational Disease**

(To be completed by teacher/instructor or head of faculty/unit)

(Copy 1 – Safety Unit; Copy 2 – Dean of Students; Copy 3 – Insurance Supervisor; Copy 4 – Faculty/Unit documentation)

**1. Details of the injured person**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender \_\_\_\_\_\_\_\_\_\_\_\_ | | | Resident of Israel / J & S / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Address: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | No. \_\_\_\_\_\_\_\_\_ | | Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Kupat holim* membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**2. Details of the accident**

|  |  |  |
| --- | --- | --- |
| Site of the accident (detailed!) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cause of the accident:[[3]](#footnote-3)\* Equipment; instrument; carrying objects; assembly/maintenance works; chemicals; failure to follow instructions; trip; fall; sports activity; other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Detailed description of the event and the equipment involved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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

**3. Details of injury**

|  |  |
| --- | --- |
| Nature of the injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Part of the body injured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Treatment received:\* At University clinic / in hospital / hospitalized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| No. of days absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Disability expected: Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. Details of the report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of person reporting. \_\_\_\_\_\_\_\_\_\_\_ | Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Remarks by person reporting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eyewitness #1: Name (clear) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Eyewitness #2: Name (clear) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Remarks by the Safety Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix C – Emergency Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Security Unit** |  | **Safety Unit** |  | **Clinic** |
| Security Control Center – 24 hr.  8484, 5555, 6425380  Emergency: 8222 Fax: 8880  Mobile 050-5075989 |  | 6555, 7555, 9555  Fax: 8555 |  | (08:00 – 18:00)  8666, 6422911  Fax: 6417672 |

**When calling for help state the exact location and describe the nature of the injury!**

**Remember: Your life-saving actions take precedence over any other action!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event** | **Action** | **Internal Tel.** | **External Tel.** |
| Any emergency situation | **Call the Safety Hot Line!**  Injuries – call the clinic and emergency services (see information and numbers below). Do not touch suspicious objects under any circumstances. | List of numbers at the top of the page! | |
| Theft, break-in, suspicious object | Call the Safety Hot line.  Depending on severity – call Israel Police | 5555 | 100 |
| Persons who are injured or ill | 1. Contact the Block Manager / Custodian for assistance, to provide bandages and first aid equipment; 2. In serious cases, contact the clinic 3. After work hours and in emergencies (unconsciousness, heart attack stroke, etc.) call “Natali – Emergency Services” 4. Call M.D.A. if you cannot reach “Natali” |  | M.D.A. 101  Or  03-5460111  Natali  1800-800-666 |
| Fire | 1. **Act calmly!** Put out the fire with a suitable extinguisher if this does not endanger yourself or those nearby 2. In serious cases evacuate and call the Security and Safety Units 3. If the fire becomes worse call the fire department | **List of telephone numbers**  5555 | **At the top of the page!**  102 or  03-6900444 |
| Work accidents | 1. **Act calmly**! Remove the source of the danger if it does not endanger yourself or those nearby 2. Report to the University’s Safety and Security Units | **List of telephone numbers – at the top of the page!** | |
| Safety hazards | Hazards from electricity, gas, sewage, collapse – report to the Security Control Center | **9999** | **Fax – 6645** |
| Safety Supervisor and Information Centers | **A. Radiation hazards: Rinat Edelheit, Radiation hazard safety supervisor**  **Outside consultant: MMG – Nuclear Research Center – radiation safety** | **6409555**  **08-9434544** | **050-5075975**  **08-9434470** |
| **B. Biohazard: 1. Dr. Esti Michael, Safety supervisor for biological safety**  **2. Prof. Yossi Shilo, Faculty of Medicine** | **9966**  **6406517** | **054-6461345**  **03-6417451** |
| **C. Hazmat risks:**  **1. Dr. Menachem Ganot – chemical safety supervisor**  **2. Dr Micha Friedman, Faculty of Exact Sciences** | **5676**  **8687** | **054-4737121**  **052-5246110** |
| **D. Poisons consulting:** National Poison Control Center, Rambam Hospital, Haifa | **04-8541900** | **04-8542092** |
| **E. Hazmat consulting: Hazardous Materials Information Center of the Ministry of Environmental Protection** | **08-9253321** | **Fax: 08-9202806** |
| **F. Safety Supervisors for Sectors** | **6903** |  |
| University Switchboard: 03-6407777, University Safety Control Center: 03-6405555 | | | |
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1. \* In the event of a contradiction bewteen the instructions conatined in this Appendix and the book, the instructions of the book shall take precedence. [↑](#footnote-ref-1)
2. \* Circle the appropriate response [↑](#footnote-ref-2)
3. \* Circle the appropriate response [↑](#footnote-ref-3)