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ORANGE COUNTY SOCIAL SERVICES AGENCY ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

Subject:	On-The-Job Injury/Illness Reporting	Number: C 21
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Approved:		Date: 03-04-03
I. PUI	RPOSE	
To establis illnesses.	sh a procedure for reporting, posting and retaining records of emp	loyee on-the-job injuries and
II. PO	LICY	

SSA recognizes the need to comply with regulations governing on-the-job injuries and illnesses. SSA employees will follow the below procedures and provide timely information to CEO/Risk Management and Safety office in accordance with State and County guidelines.

REFERENCES

 Admin. Manual, P&P F 13, Special Incident ReportAdmin. Manual, P&P C 19, Reporting an Employee Death Admin. Manual, P&P 33, Injury & Illness Prevention ProgramCalifornia Labor Code (15400 et. seg.)California Administrative Code (14000 et. seq.)Cal/OSHA Title 8, General Industry Safety OrdersCounty Administrative Procedure Number 0112-17

DEFINITIONS

OCCUPATIONAL INJURY - cut, fracture, sprain, amputation, etc., resulting from an accident or exposure involving a single incident in the work environment. NOTE: Conditions resulting from animal bites, such as insect or snakebites or from one-time exposure to chemicals, are considered to be injuries.

OCCUPATIONAL ILLNESS - inhalation, absorption, ingestion, or direct contact which may cause acute and chronic illnesses or diseases or any abnormal condition or disorder, caused by exposure to environmental factors associated with employment or disorders due to repeated trauma, such as tendinitis and carpal tunnel syndrome.

SERIOUS INJURY OR ILLNESS - whenever an employee is hospitalized for a period in excess of 24 hours other than for medical observation, or a degree of permanent disfigurement or amputation is sustained, or death occurs while in the performance of duties.

INDUSTRIAL INJURY - An injury or illness which arises out of or in the course of employment.

NON-INDUSTRIAL INJURY - An injury or illness which does not arise out of or in the course of employment.

III. **PROCEDURE**

• A. Provision of Medical Treatment for InjuriesB. Reporting the Employee's Injury Note: Clients are not covered

under Worker's Compensation. The CEO/Risk Management liability department would handle any claims against the County by a non-employee. The client (or survivor) would contact CEO/Risk Management at 714-834-2721 to obtain forms and information.C. Employee's Return to WorkD. Recordkeeping/Posting RequirementsEach year from February 1 through April 30, the Departmental Safety Representative for each SSA facility posts a photocopy of the Summary of Work-Related Injuries and Illnesses for the previous year in a place where notices to employees are customarily posted. If there were no injuries or illnesses during the previous year, zeros must be entered on the total line, and the form must still be posted. The Log shall be kept on site for a period of seven years and be made available to any employee, former employee, their representatives, or a Cal/OSHA or U.S. Department of Health and Human Services inspector upon request. All SSA locations shall post a current copy of the "WORKERS' COMPENSATION BENEFITS" poster in the place where notices to employees are customarily posted.

- ∘ 1. Emergency Medical Procedure for Serious Injuriesa. The aiding employee or other witness notifies the on-site Sheriff Department Special Officer and/or telephones for paramedics at 911. Information concerning the emergency should be provided with the request for assistance.b. If possible, the aiding employee should render or call upon others to render whatever emergency first aid is needed. It is preferable that the person rendering assistance be CPR or First Aid trained and certified.c. The supervisor of the injured/ill employee shall notify the family member or friend listed on the employee's Emergency Medical Card kept on file.d. CEO/Risk Management/Workers' Compensation/Safety Office is to be notified by telephone:During normal working hours: call CEO/Office of Risk Management Reception at 714-834-2721 and request the Safety Officer be paged immediately. If no answer, hang up and call the Safety Officer on his cell phone at 714-981-6288 or page at 714-628-3000, page I.D. 5080. After normal working hours, weekends and holidays: call the Safety Officer directly at 714-981-6288 or call the Sheriff's Watch Commander at 714-628-7000 and request the County Safety Officer be contacted and advised of the situation. Please provide the Safety Office can obtain the Watch Commander with a callback telephone number so additional information.e. Workers' Compensation paperwork is completed as described in Section III. B., "Reporting the Employee's Injury" and forwarded to CEO/Risk Management/Workers' Compensation office.2. Exposure to Contagious or Communicable Diseasea. Employee: Reports exposure to the Supervisor immediately. During office hours (7:30 a.m. - 5 p.m., M-F) contacts HCA/Employee Health Services at 714-834-5974 to report the exposure incident.After office hours, contacts Sheriff Communications Center 714-628-7000 and asks for the Public Health Official on-call and reports the exposure incident. Reports the exposure to HCA/Employee Health Services the next working day. If the employee is unable to be seen at HCA/Employee Health Services, the employee is referred to a designated Workers' Compensation Clinic.b. Supervisor: 3. Medical Services For All Other Industrial Injuriesa. Any employee who is injured or observes another employee injured on the job is responsible for reporting the injury to the immediate supervisor as soon as possible.b. The supervisor will offer the employee medical treatment at the nearest facility found in a current copy of the Directory of Ambulatory Care Facilities. Workers' Compensation Forms and Directories can be ordered by calling the Workers' Compensation Office at 714-834-2721. Departmental Safety Representatives have copies of the Forms/Directories. Note: The Directory of Ambulatory Care Facilities can also be found online at ocintranet.ocgov.com to the right side under ONLINE FORMS as the "Workers' Compensation Treatment Clinic form."c. The "Medical Service Order" form contained on the pamphlet should be filled out by the supervisor and delivered to the treating doctor by the employee. Employee may designate their own treating physician in writing to the CEO/Risk Management Program prior to any injury of if medical care continues after 30 days.d. If, following the injury, the employee wants to designate a treating physician, they may do so after 30 days from the date of the injury to apply to all subsequent injuries. Current information to apply can be obtained by calling the CEO/Risk Management/Workers' Compensation Office. Note: The "Notification of Election of Personal Physician" form can also be found online at ocintranet.ocgov.com to the right side under ONLINE FORMS.e. If treatment is refused, follow procedure B.1. in the next section below. If the employee did not seek medical assistance and did not require any full days off, supervisor should indicate that at the bottom of Form 5020; CEO/Risk Management retains such claims on file as "record only."
 - 1. Verify that employee has contacted HCA/Employee Health Services to report the exposure incident. Workers' Compensation paperwork is completed as described in Section III. B., "Reporting the Employee's Injury" and forwarded to CEO/Risk Management/Workers' Compensation office. If the employee contracts a disease at a later date, the Supervisor is to call HCA/Health Services at 714-834-5974 and report the condition. 2. CEO/Risk Management/Workers' Compensation/Safety Office is to be notified by telephone: During normal working hours: call CEO/Office of Risk Management Reception

- at 714-834-2721 and request the Safety Officer be paged immediately. If no answer, hang up and call the Safety Officer on his cell phone at 714-981-6288 or page at 714-628-3000, page I.D. 5080. After normal working hours, weekends and holidays: call the Safety Officer directly at 714-981-6288 or call the Sheriff's Watch Commander at 714-628-7000 and request the County Safety Officer be contacted and advised of the situation. Please provide the Watch Commander with a call-back telephone number so additional information can be obtained by the Safety Office.
- 1. For any illness or injury, the affected employee or the supervisor completes a Special Incident Report form per Administrative Policy & Procedure F 13.2. In cases of industrial or non-industrial serious injury of a client or employee the supervisor must give notification:a. Immediately up the chain of command to the Agency Director.b. Verbally to CEO/Risk Management/Workers' Compensation in sufficient time for them to report to CAL OSHA within eight (8) hours. In cases of industrial or non-industrial death of a client or employee the supervisor must give notification:a. Immediately up the chain of command to the Agency Director and by phone to CEO/Risk Management/Workers' Compensation.b. In writing to CEO/Risk Management/Workers' Compensation as soon as possible with detail as to the cause of death and how to contact dependents of the deceased employee.
- 1. The supervisor will complete the original four part "Employer's Report of Occupational Injury or Illness" (State of California Form 5020) based on the employee's statement. (Attachment A):a. Prints his/her name, signs, dates and writes telephone number and job title, at the bottom of the form in the spaces provided. b. Sends all NCR copies to the CEO/Risk Management Office.c. Sends a photocopy to SSA Human Resources, Bldg. #158A.Note: Attachment A can be printed out and signed (no electronic signatures are acceptable) and copied. Form is located on P:drive, Agency Forms, Employer's Report of Occupational Injury/Illness.The "Employer's Report of Occupational Injury or Illness" (State of California Form 5020) is available online at ocintranet.ocgov.com to the right side under ONLINE FORMS.1. The supervisor must provide the "Employee's Claim for Workers' Compensation Benefits", to the employee within 24 hours of the injury (Attachment B). Also provide "You and Your Injury" brochure at this time:a. If employee is capable, he/she should complete the "Employee" section, questions 1 through 7, and sign on line #8. If the employee is not capable, the supervisor may complete the "Employee" section, questions f 1 through f 7, as well as the "Employer" section, leaving the employee signature line #8 blank. Only the employee may sign this legal claim form.b. When the supervisor receives the completed form from the employee, he/she immediately: 1. Completes the "Employer" section, items 9 through 15, signs and date. 2. Gives temporary receipt (the green copy, last page) to employee. Forwards other copies to CEO/Risk Management. 3. Sends a photocopy to SSA Human Resources, Bldg. #158A. Do not "hold" this form waiting for processing of the 5020.1. After supervisor investigates injury or illness, completes "Supervisor's Investigation of Employee's Injury/Exposure" (Attachment C):a. Returns it to the CEO/Risk Management Safety Office.b. Forwards the yellow copy to Management Services, Bldg.#159B.c. Retains the pink copy. Note: Attachment C can be printed out and signed (no electronic signatures are acceptable) and copied. Form is located on P:drive, Agency Forms, "Supervisor's Investigation of Employee's Injury/Illness.The "Supervisor's Investigation of Employee's Injury/Exposure" is available online at ocintranet.ocgov.com to the right side under ONLINE FORMS.1. The supervisor should provide payroll information as follows: a. Note the employee's initial absence as "Work Injury" on the time sheet. b. Reflect a full day worked for the day of the injury. c. The SSA Payroll Unit will record the appropriate code and total work injury hours.d. Use sick leave only when subsequent days off are necessary; record these hours in the appropriate date column under sick regular.1. The supervisor should obtain doctor's disability statements from the disabled (unable to work) employee. These are to be forwarded to the CEO/Risk Management/Workers' Compensation Office.2. Completion of the "Log of Occupational Injuries and Illnesses" (Attachment D):a. The supervisor reports the injury to the Departmental Safety Representative or secretary who maintains the 300 Log for the facility and enters each recordable case on the Log within seven (7) working days after learning of its occurrence.
- 1. The supervisor shall:a. Request the employee give notice to him/her two (2) weeks prior to the date the employee plans to return to work. However, in order to facilitate a speedy return to work, this may be waived by supervisor.b. Relay the work return date to SSA Human Resources.c. All employees who have accepted Workers' Compensation claims have a treating physician and/or Qualified Medical Examiner or Agreed-upon Medical Examiner. Those physicians, rather than Employee Health, will provide the employee with the clearance to return to work with or without restrictions. Employees return through HCA/Employee Health for non-work related injury/illness, unaccepted Workers' Compensation claims, and denied Workers' Compensation claims (see Attachment E). The employee is to make an appointment with the County Employee Health Physician by calling 714-834-5974. If the employee is released to return to work, the

employee is to go directly to SSA Human Resources on the 8th floor at 888 Main Street, Santa Ana. If the employee is not released by the County physician to return to work, the employee does not go to SSA/HR.1. The Human Resources staff will: a. Contact the supervisor to confirm medical restrictions, if any, are acceptable for the employee to return to their usual work or into an accommodated position.1. The supervisor will:a. Forward correspondence pertaining to the employee's injury to the CEO/Workers' Compensation Office.b. Notify the CEO/Workers' Compensation Office, in writing, of the following employee status:

• 1. Work restrictions and ability to accommodate.2. Employee's satisfaction with medical treatment.3. Employee's lost time to date.

ATTACHMENTS

Attachment A

Employer's Report of Occupational Injury or Illness" (State of California Form 5020)

Attachment B

Employee's Claim for Workers' Compensation Benefits

Attachment C

Supervisor's Investigation of Employee's Injury/Exposure

Attachment D

Log of Occupational Injuries and Illnesses

Attachment E

County of Orange Return to Work Process