

HARBOR-UCLA MEDICAL CENTER

SUBJECT: NON-EMPLOYEE INJURY REPORT

POLICY NO. 421

PURPOSE

To ensure that a "Non-Employee Injury" report is completed in the event of an accident and/or injury towards a visitor.

POLICY

In the event a non-employee/non-patient sustains an accident and/or injury while at Harbor-UCLA Medical Center, the Sheriff's Department, must be notified immediately at x3311.

Contract personnel working at the Medical Center are excluded from this policy, as these individuals are covered under their workers' compensation provisions.

PROCEDURE

1. Deputies shall take a "Non-Employee Injury" report, (ATTACHMENT I).
2. The officer preparing the report shall perform a preliminary investigation to determine possible cause(s). Emphasis should be placed on the injured person's statement and witness statements.
3. The officer preparing the report will, if possible and time permits, escort the injured person to the Emergency Department for evaluation.
4. If a physical hazard caused or is suspected of having caused the injury, the deputy preparing the report shall notify the Director, Environmental Safety at x2835 as soon as possible.

EFFECTIVE DATE: 10/85

SUPERSEDES:

REVISED: 10/92, 11/95, 03/99, 02/02, 09/04, 06/06, 08/07, 08/10, 03/13, 03/17

REVIEWED: 03/99, 03/00, 02/02, 09/04, 06/06, 08/07, 08/10, 03/17

REVIEW COMMITTEE: Environment of Care Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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ATTACHMENT I

COUNTY OF LOS ANGELES
NON-EMPLOYEE INJURY REPORT

Dept Name: Dept. #:
DIV. or Facility:
SECTION:
IRMIS Code #:

Prepared for County Counsel in defense of the County, Special Districts and employees.

INSTRUCTIONS:

- 1. All incidents involving injury to non-employees, however minor, while on County property (owned or leased) must be reported by the Guard, Sheriff's Office or Department in proximity to incident, as follows:

Two copies to: CARL WARREN & CO., P.O. Box 11 6, Glendale, CA 91209-0116

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY PHONE TO CARL WARREN & CO. (818) 247-2206

INJURED NON-EMPLOYEE:

- 1. Name (Last Name) (First Name) (Middle Name)
2. Address
2B. Telephone: () 3. Age 4. Sex: Male Female If minor, give name of parent or guardian

TIME AND PLACE:

- 5. Place of occurrence (Name of County Facility, Bldg., Street, Number) (City or Town)
6. Location in building (In detail: Bldg., Floor, Room No.)
7. Date of occurrence Hour AM/PM. 8. Weather Clear Rain
POLICE REPORT Yes No POLICE AGENCY REPORTING STATION DEPT. # :

DESCRIPTION OF INCIDENT:

- 9. What was non-employee doing?
10. What happened? (Describe fully, stating whether injured person fell, was struck, etc.) Give all factors contributing to injury:
11. Condition of floor, sidewalk, steps or other physical property or equipment involved:
12. Was there any defect or foreign substance or object involved? If so, describe:
13. If slip and fall: Person's shoes heels caps

NATURE OF INJURY AND PART OF BODY AFFECTED:

- 14. Be specific! State which part of body injured; whether right or left, etc. If exact nature of injury is undetermined, give opinion:

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TREATMENT GIVEN:

- 15. Was treatment given to the injured person by County personnel? _____ By whom? _____
Type of Treatment: _____
- 16. Was ambulance called? _____ Which company? _____ By whom? _____
- 17. Taken to hospital? _____ Which? _____

STATEMENTS BY INJURED AND WITNESSES:

(Note: Attach additional pages if needed)

18. Statement of injured as to what happened: _____

19. Witness No. 1: Name _____ (Last Name) _____ (First Name) _____ (Initial)
 Address: _____ (Number) _____ (street) _____ (City) Telephone: _____
 Statement: _____

20. Witness No. 2: Name _____ (Last Name) _____ (First Name) _____ (Initial)
 Address: _____ (Number) _____ (Street) _____ (City) Telephone: _____
 Statement: _____

Date Report Prepared: _____
 Prepared by: _____ (Print Name) _____ Phone _____
 _____ (Title) _____ Dept. _____
 _____ (Signature) _____