| DIVISION : ENVIRONMENT OF CARE | Number 5.501 |
|--|----------------------------------|
| SUBJECT: SERIOUS INJURY REPORTING | |
| SECTION: Security | Page 1 of 4 |
| APPROVED BY: ENVIRONMENT OF CARE COMMITTEE, | EFFECTVE DATE: 05/2009 |
| POLICY AND PROCEDURE COMMITTEE | |
| TO BE PERFORMED BY: ALL WORKFORCE MEMBERS | REVISED DATE : 05/04/2016 |

PURPOSE

To provide specific guidelines for the timely reporting and investigation of all serious injuries of workforce members.

POLICY

When a work related serious injury/illness or fatality occurs, it is required to report the accident immediately by telephone to the Long Beach District Office of the Division of Occupational Safety and Health (Cal/OSHA). The telephone number of this office is **562-506-0810**.

DEFINITIONS

- Immediate as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.
- Life Threatening Medical Emergencies injuries or illnesses that need immediate medical care. Medical emergencies may include, but are not limited to, cardiopulmonary arrest, chest pain, asphyxiation, difficulty breathing, severe bleeding, choking, convulsions, loss of consciousness, anaphylaxis.
- Serious Injury or Illness any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include injury from electrical lines(anyone to be within six feet of an overhead electric line having a voltage in excess of 750 volts, or to move or operate any equipment, tools, machines or structure within six feet of such a line. The only exemptions are for those persons authorized by the owner of the electric line.)

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PROCEDURES

1. General

California Code of Regulation, Title 8, Section 342 requires that any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment must be reported immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health (Cal/OSHA). Assembly Bill 2837 effective January 1, 2003 mandated a minimum of \$5,000 fine for non-compliance, which is payable by the employer.

2. Responsibilities

a. Employee

- Life Threatening Medical Emergency:
 - An employee/coworker/supervisor shall call 911 for emergency medical treatment or
 - Go to the closest emergency room
- Non-life Threatening
 - Immediately notify the supervisor/manager
 - During After Hours Shift and in the absence of manager or supervisor, the injured employee shall notify immediately the Administrator on Duty (AOD). See attachment
 - Complete an accident report form (attachment)

b. Manager or Supervisor -

Ensure the employee received proper medical attention.

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- Perform an accident investigation as soon as possible to collect all pertinent facts and information as outlined in the Cal/OSHA regulations attached.
- During regular hours (8:00 AM 4:30 PM), immediately contact the Long Beach Cal/OSHA Office at 562-506-0810 about the serious injury.
- The supervisor or manager completes a supervisor report form (See attachment) and submit it to the Safety Office.

c. Administrator on Duty

Upon receipt of the required information from an employee, the AOD immediately notifies the Long Beach Cal/OSHA Office at 562-506-0810 about the serious injury. During after Hours, the required information can be left on the Cal/OSHA answering machine.

REFERENCE

California Code of Regulation, Title 8, Section 342. California Penal Code 385

NOTED AND APPROVED:

| Cynthia M. Oliver, Chief Executive Officer | Date | |
|--|------|--|
| Ellen Rothman, MD, Interim Chief Medical Officer | Date | |
| Lessie Barber, R.N., Assistant Nursing Director | Date | |
| Signature(s) on File. | | |

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Cal/OSHA REQUIRED INFORMATION

| Time and date of accident |
|---|
| Employer's name, address and telephone number |
| Name and job title, or badge number of person reporting the accident |
| Address of site of accident or event |
| Name of person to contact at site of accident |
| Name and address of injured employee(s) |
| Nature of injury |
| Location where injured employee(s) was (were) moved to |
| List and identity of other law enforcement agencies present at the site of accident |
| Description of accident and whether the accident scene or instrumentality has been altered. |