



Martin Luther King, Jr.
OUTPATIENT CENTER

POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	NUMBER: 04-014
SUBJECT: REPORTING AND MANAGEMENT OF INDUSTRIAL INJURIES AND ILLNESSES	
SECTION: HUMAN RESOURCES	PAGE: 1 OF: 5
REVIEWED BY: HR ADMINISTRATOR, SAFETY OFFICER, PROCEDURE & POLICY COMMITTEE, AND MLK OPC ADMINISTRATION	EFFECTIVE DATE: 0/01/88
TO BE PERFORMED BY: ALL APPLICABLE STAFF	REVIEWED DATE: REVISED DATE: 04/2017

PURPOSE

To ensure a safe and healthy work environment for all Department of Health Services (DHS) employees and to communicate the guidelines for handling work-related injuries, accidents, or illnesses.

POLICY

It is the responsibility of the employee to immediately report any work-related injury, accident, or illness to his/her supervisor or the supervisor's designee. Failure to report an injury accident or illness may result in denial of benefits and progressive discipline up to and including, termination.

PROCEDURE

REPORTING A WORK INJURY/ACCIDENT OR ILLNESS AND INITIATING A CLAIM FOR BENEFITS

This policy establishes the administrative guidelines for work-related injuries, accidents, or illnesses that occur during the course and scope of employment by County and non-County workforce members at Martin Luther King, Jr., Outpatient Center (MLK OPC). Policy procedures are discussed below under (A) Emergency Situation and (B) Non-Emergency Situation for both groups of workforce members. But, please note; there are distinctions in the procedures for both groups that are clearly delineated and should be adhered to, as specified. Refer all questions relating to industrial accidents/workers' compensation to the DHS Risk Management Division.

Employees suffering an occupational injury/illness will be provided with authorized medical treatment through the County Medical Provider Network - unless appropriate initial treatment pre-designation forms have been submitted - up to a maximum of \$10,000 in accordance with Workers' Compensation requirements. Additional benefits may be provided, based on medical need, once the claim has been reviewed by the County's Third Party Administrator and deemed compensable.

Absences due to a work-related injury are counted towards an eligible employee's entitlement under the Family Medical Leave Act and the California Family Rights Act, meaning both entitlements may run concurrently depending on the reason for absence.

It is the responsibility of the supervisor, or his/her designee, to prepare the initial documentation contained in the County of Los Angeles, Workers' Compensation Return-to-Work Program packet and report the injury to DHS Risk Management and to the appropriate managed care contractor. The packet may be obtained from the facility Human Resources office or directly through the DHS Risk Management Return-to-Work (RTW) office.

It is also the responsibility of the supervisor, or his/her designee, to send the Employer's Report 5020 and Job Related Illnesses or Injury Supervisor Investigation Report to the MLK OPC Safety Officer.

Questions regarding the procedures for reporting an injury, accident, or illness may be referred to DHS Risk Management.

Established procedures for attendance, family medical leave, sick leave, and other leaves should be followed when handling industrial illness/injury situations.

SUPERVISOR/MANAGER RESPONSIBILITIES

EMERGENCY SITUATION

- **County Employees**
 - A. In the MLK OPC send or transport employee to Urgent Care Clinic. All other buildings call 911.
 - B. Once the situation is stable, obtain an IA packet from onsite HR, complete the First Alert (page 15) and forward it to the RTW Coordinator.
 - C. Within 24-hours of the accident, complete the following forms and submit them to the RTW Coordinator:
 - Workers' Compensation Claim Form DWC-1 (page 10)
 - Supervisor's Investigation Report of Work-related Illness or Injury (page 11)
 - Employer's Report 5020 (page 7)
 - Employee's Report of Incident (page 12)
 - Description of Employee's Job Duties (pages 5-6)
 - Receipt of Work-Related Injury/ Illness Packet (page 13)
 - D. Report the injury to the appropriate Allied Managed Care contractor for the facility at (800) 935-2667.
- **Non-County Workforce Members**

If a non-County workforce member is exposed to blood and/or bodily fluids (needle stick, laceration, splash or a bite) or experience a serious life threatening injury or illness:

 - A. Identify the source patient, if possible.
 - B. Immediately send or transport the workforce members to Urgent Care. Treatment must be administered within two hours of exposure to ensure maximum opportunity for intervention.
 - C. Serious life threatening illnesses call 911.
 - D. Instruct the Non-County Workforce Member to report the incident to his/her employer/agency.
- **County Employees and Non-County Workforce Member**

In case of a serious injury or fatality, immediately report the incident to the MLK OPC Safety Officer and MLK OPC CEO.

Title 8, California Code of Regulation, Section 330(h) defines serious injury or illness as:

Any injury or illness occurring in a place of employment or in connection with any employment which requires 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 suffer any serious degree of permanent disfigurement.

The Safety Officer with the assistance of the employee's supervisor shall within 8 hours of knowledge of the serious injury or illness, or death report by telephone to the nearest District Office of the Division of Occupational Safety and Health.

Complete the Job Related Illnesses or Injury Supervisor's Investigation Report (Attachment 5) and the Occupational, Environmental Health and Safety Office Investigation Report Form (Attachment 5A).

NON-EMERGENCY SITUATION

- County Employees

A. Ask the employee if he/she wants to seek medical treatment.

- If employee declines medical treatment, the employee must sign the "Employee's Statement Declining Medical Treatment" form. (page 14)
- Give the employee and have them sign the "Receipt of Employee Packet" form. (page 13).
- Send a copy of the "Employee' Statement Declining Medical Treatment" and Receipt of Employee Packet" forms to the RTW Coordinator.
- Employee Packet:
 - a. Employee's Statement Declining Medical Treatment (page14)
 - b. Employee's Report of Accident (page12)

Medical Provider Packet

- a. Treatment Referral Slip (page 2)
- b. Treating Physician's Letter: Physical Injury (page 3)
- c. Patient Status Report: Physical Injury (page 4)
- d. Job Description Form (pages 5-6)
- e.

B. If the employee seeks non-emergency medical treatment for a physical injury or illness, ask the employee if they have a pre-designated treating physician. If not, refer the employee to a Medical Provider Network (MPN) Initial Treatment Center. A MPN is a selected network of health care providers that can provide treatment to employees injured on the job. If the employee has pre-designated a personal physician prior to their work injury they can receive treatment from the pre-designated physician. If a pre-designated physician has not been identified, the employee should choose an appropriate provider from the MPN list. If the employee is obtaining treatment from a non-MPN physician for any existing injury, they may be required to change to a physician within the MPN. The website containing a list of MPN centers is listed on page 1 of the Worker's Compensation Packet.

C. Review the employee reporting responsibilities with the employee and assist them with completing the forms.

D. Send the employee with the Medical Provider Packet to the Initial Treatment Center.

E. Proceed with Step C under "Emergency Situation" above.

- Non-County Workforce Member

Instruct the workforce members to report the injury or illness to his/her employer/agency.

DOCUMENTATION

- Maintain an employee injury/illness file for documentation of the employee's injury/illness. The injury/illness file should contain the following documents:
 - A. Copy of Employee's Job Description
 - B. Copy of the Claim Form DWC-1
 - C. Copy of the Employer's Report 5020
 - D. Copy of Employee's Report of Accident
 - E. Copy of Patient Status Report
 - F. Temporary Return-to-Work Agreement Form
 - G. Any other pertinent documentsFax or mail a copy of all completed documents to the RTW Coordinator.
- If the employee is released to return to full duties, make sure the employee has been cleared to return to work by the RTW Coordinator.

EMPLOYEE RESPONSIBILITIES

- Non-Emergency Situation
 - A. If declining medical treatment, complete and sign the "Employee's Statement Declining Medical Treatment" form
 - B. If seeking medical treatment:
 - Read, complete and sign the DWC-1 form
 - Complete and sign the "Employee's Report of Accident" form in the Employee Packet
 - Take the Medical Provider Packet to the Initial Treatment Center or the pre-designated physician for completion. The completed Job Description must also be included in the Medical Provider Packet.

NOTE: If the employee has not pre-designated a physician for treatment for a physical injury or illness, they must see a physician in a Medical Provider Network (MPN) Initial Treatment Center.

- C. After Initial Physician's Visit:
 - Contact the RTW Coordinator to the patient's employment status.
 - Provide supervisor with the "Patient Status Report" form (completed by the doctor).
 - a. If the employee has no work restrictions, he/she will be returned to their usual job.
 - b. If the employee has work restrictions that are not compatible with their usual job, their supervisor may assign them to temporary transitional work.
 - c. If their physician indicates they are unable to report to work, they must telephone and advise their supervisor of their work status and provide an appropriate medical certification to his/her

supervisor and RTW for the period of absence.

It is the employee’s responsibility to keep their supervisor informed of their medical status and current contact information.

- Return to Work

Medical certifications must be completed on medical facility letterhead and submitted to the employee’s supervisor and RTW for all occupational injuries and illnesses prior to the employee returning to work.

LEAVE FOR FOLLOW-UP MEDICAL TREATMENT OF WORK-RELATED INJURIES, ACCIDENTS OR ILLNESSES

Refer to DHS Policy No. 642, “Leave for Follow-up Medical Treatment of Work-Related Injuries.

DEFINITION

Emergency – A sudden, unexpected illness, injury, or health problem (including sudden and unexpected severe pain) that you reasonably believe could seriously endanger your health if you don’t get immediate medical care.

AUTHORITY

Los Angeles County, Code, Title 5, Chapter 5.31, Health, Safety Program and Workers’ Compensation, Section 5.31.040 Environmental Health and Safety and Workers’ Compensation Program
Los Angeles County, CEO, Workers’ Compensation Return to Work Program Procedure Manual California Labor Code

CROSS REFERENCES

DHS Policies:
642 Leave for Follow-up Medical Treatment of Work-Related Injuries
782 Return to Work
782.1 Return-to-Work: Placement of Employee in Compatible Position

NOTED AND APPROVED:

Cynthia M. Oliver, Chief Executive Officer

Date

Ellen Rothman, M.D., Chief Medical Director

Date

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Date

Signature(s) on File.