

# LAC+USC MEDICAL CENTER POLICY

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| Subject:<br><b>INDUSTRIAL INJURY AND ILLNESS REPORTING</b>  | Original Issue Date: 10/31/81   | Policy #<br><b>521</b>                                       |
|   | Supersedes: 10/10/17  | Effective Date:<br>10/30/20                                  |
| Departments Consulted:<br>DHS Human Resources<br>Office of Risk Management<br>Employee Health Services<br>Safety Office | Reviewed & Approved by:<br>Attending Staff Association<br>Executive Committee<br>Senior Executive Council | Approved by:<br>(Signature on File)<br>Chief Medical Officer |
|   |   | (Signature on File)<br>Chief Executive Officer               |

## PURPOSE

To ensure a safe and healthful work environment for all 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 their 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.

## DEFINITION

Emergency – A sudden, serious, and 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.

## 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 DHS employees. All questions related to industrial accidents/workers' compensation should be referred to DHS Risk Management.

Employees suffering an occupational injury/illness will be provided with authorized medical treatment through the County Medical Provider Medical Center—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.

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It is the responsibility of the supervisor, or his or 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 Personnel Officer and/or directly through the DHS Risk Management Return-To-Work (RTW) office. Questions regarding the procedures for reporting an injury, accident or illness may be referred to DHS Risk Management. Supervisors are encouraged to enroll in the training offered by the DHS Supervisory Training Academy.

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

### **Supervisor/Manager Responsibilities**

#### **A. Emergency Situation**

1. Employees may report to the facility Emergency Department for emergency treatment of an injury.
2. Once the situation is stable, complete the Job Description form (Attachment 1), make two (2) copies (employee industrial illness/injury file and medical provider packet), and forward it to the RTW Coordinator. Supervisors should already have job description forms prepared for each employee under their purview.
3. **Within 24-hours of the accident**, complete the following forms and submit them to the RTW Coordinator:
  - First Alert (Attachment 2)
  - Workers' Compensation Claim Form DWC-1 (Attachment 3)
  - Employer's Report 5020 (Attachment 4)
  - Job Related Illnesses or Injury Supervisor's Investigation Report (Attachment 5)
4. Report the injury to the appropriate managed care contractor for the facility.
5. In case of a serious illness or fatality, immediately report the incident to facility HR, the Safety Office and after hours the ANO.

#### **B. Non-Emergency Situation**

1. Ask the employee if they want to seek medical treatment.
2. Give the employee the Employee Packet (Attachment 6) and have them sign the "Receipt of Employee Packet" form (Attachment 6A).
  - a. EMPLOYEE PACKET

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- 1) Employee's Statement Declining Medical Treatment (Attachment 6A-1)
  - 2) Employee's Report of Accident (Attachment 6A-2)
- b. MEDICAL PROVIDER PACKET (Attachment 6B, Yellow forms)
- 1) Treatment Referral Slip (Attachment 6B-1)
  - 2) Treating Physician's Letter: Physical Injury (Attachment 6B-2)
  - 3) Patient Status Report: Physical Injury (Attachment 6B-3)
  - 4) Job Description Form (Attachment 1)
3. If the employee declines medical treatment, ask the employee to sign the "Employee's Statement Declining Medical Treatment" form (Attachment 6A-1).
    - Send a copy of the "Employee's Statement" form to the RTW Coordinator.
  4. 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. A list of MPN centers can be obtained from the RTW Coordinator.
  5. Review the employee reporting responsibilities with the employee and assist them with completing the forms.
  6. Send the employee with the Medical Provider Packet to the Initial Treatment Center.
  7. Proceed with Step 3 under "Emergency Situation" above.

### C. Documentation

1. 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 (Attachment 1)
  - b. Copy of the Claim Form DWC-1 (Attachment 3)
  - c. Copy of the Employer's Report 5020 (Attachment 4)
  - d. Copy of Employee's Report of Accident (Attachment 6A-1)  
Copy of the Supervisor's Investigation Report
  - e. Copy of Patient Status Report (Attachment 6B-3)
  - f. Supervisor's Weekly Telephone Log Sheet (Attachment 7)
  - g. Conditional Assignment Agreement (Attachment 8)
  - g. Work Hardening Agreements (Attachment 9)

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h. Any other pertinent documents.

Fax or mail a copy of all completed documents to the RTW Coordinator.

2. 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**

### **A. Non-Emergency Situation**

1. If declining medical treatment, complete and sign the “Employee’s Statement Declining Medical Treatment” form (Attachment 6A-1)
2. If seeking medical treatment:
  - a. Read, complete and sign the DWC-1 form (Attachment 3).
  - b. Complete and sign the “Employee’s Report of Accident” form in the Employee Packet (Attachment 6A-1)
  - c. Take the yellow forms (Attachments 6B (1-3)) in the Medical Provider Packet to the Initial Treatment Center or the pre-designated physician for completion. The completed Job Description (Attachment 1) 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.

3. After Initial Physician’s Visit:
  - a. Contact the RTW Coordinator to advise them of their employment status.
  - b. Provide supervisor with the “Patient Status Report” form (Attachment 6B-3) completed by the doctor.
    - 1) If the employee has no work restrictions, they will be returned to their usual job.
    - 2) If the employee has work restrictions that are not compatible with their usual job, their supervisor may assign them to temporary transitional work.
    - 3) 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 their supervisor and RTW for the period of leave.

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

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

**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.

**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

**RESPONSIBILITY**

Administrators  
Department Managers  
Supervisors  
Office of Human Resources  
All Employees

**REFERENCES**

California Code of Regulations, Title 8, Division 1, Chapter 7, Subchapter 1, Article 2, Section 14300 et seq.  
Los Angeles County Code, Title 5, Chapter 5.31, Health, Safety Program and Workers' Compensation, Section 5.31.040  
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

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**ATTACHMENTS**

Attachment A: Supervisor's Investigation Report of Work-Related Illness or Injury

**REVISION DATES**

August 31, 1995; October 20, 1998; April 16, 2002; April 19, 2005; September 29, 2008; February 11, 2014; October 10, 2017; October 30, 2020