



RANCHO LOS AMIGOS  
NATIONAL REHABILITATION CENTER

## RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER Occupational Therapy and Recreation Therapy Department

### POLICY AND PROCEDURE

<b>SUBJECT: EMPLOYEE INJURY AND ILLNESS</b>	<b>Policy No.:</b> 609 <b>Revised:</b> January 2020 <b>Supersedes:</b> November 2015 <b>Page:</b> 2011 1 of 2
---	---

#### **POLICY:**

1. All departmental personnel will be oriented to the procedure for responding to employee injury and illness.
2. Employees will report an illness/injury promptly on the day it occurs, no matter how minor the injury.

#### **PROCEDURE:**

1. An industrial injury must be reported on the day it occurs. Failure to do this may jeopardize the employee's industrial accident claim, should it be necessary to file such a claim later.
2. In the event of **life-threatening** injury requiring immediate emergency care (e.g. traumatic amputation or a fall with suspected spinal cord injury), call 522 for paramedic assistance. Staff should attempt emergency first aid, but not attempt to move the victim.
3. If an employee does not have a life-threatening emergency, but **is in extreme pain or not ambulatory**, the immediate supervisor will initiate the employee packet for the work related injuries and give to employee for completion. Do not send the employee to the Return-To-Work Office.
4. Injured employees are to promptly report all injuries, no matter how minor, to the OT Clinical Manager or RT Supervisor and participate, to the extent possible, in completing all necessary paperwork.
5. No matter the extent of the injury, the OT Clinical Manager or RT Supervisor is responsible for completing the First Line Supervisor Procedure Manual Packet and the Employee Packet, with the help of the employee, within the shift.
6. It will be the responsibility of the OT Clinical Manager and RT Supervisor to keep updated copies of all materials.

7. The OT Clinical Manager or RT Supervisor will need the following information to complete for forms:
  - a. County employment data (length of employment, salary/month, age, employee number)
  - b. A description of the extent of the injury
  - c. The first aid measures already taken
  - d. A statement as to what may have contributed to the injury happening (equipment malfunctioned, no step stool in the storage area, etc.)
  - e. An analysis of what could have been done to prevent it
8. A copy of all completed forms are sent to the Rancho Return-To-Work Coordinator
9. Supervisor will then refer the employee according to the procedures in the Return-To-Work Program Manual, and call the County Worker's Compensation number to initiate the claim.
10. After completing the necessary paperwork, the employee will be referred to one of the following for treatment:
  - a. Occupational Health Office for all needles sticks, exposure to blood or body fluid, bites and scratches, or follow-up for Hepatitis-B and TB conversions.
  - b. Employee's physician of choice for initial treatment and follow up, if a Pre-designation of Personal Physician form is on file in Human Resource Office.
  - c. A medical provider at the County's discretion for initial treatment and follow-up if the employee has not declared a physician of choice.
11. When the employee returns from an injury or extended illness or more than thirty (30) days, she/he must submit a physician's Return-To-Work Statement to the Return-To-Work Officer **prior** to reporting to his/her workstation.
12. Employees wishing to identify a physician of choice for treatment, in the event of an industrial injury, are to complete the Pre-designation of Personal Physician form at any time by requesting the form from the Human Resources Office.