

**WORKERS' COMPENSATION
(EMPLOYEE INJURIES, ACCIDENTS, BLOOD/BODY FLUIDS EXPOSURE)**

- AUTHORITY:** Board of Supervisors Resolution #75-908
Occupational Safety & Health Act
Labor Code
Administrative Procedure 0112-21
- RESCINDS:** Procedure Manual Item 1-3-304, dated 06/16/17
- FORMS:** Designation of Personal Physician for Workers' **Compensation** Treatment
Supervisor's Instructions for Completing Workers' **Compensation**
Documentation
Supervisor's **Investigation** of Employee Injury or Illness
Workers' Compensation - Instructions for 5020 Form
Occupational Injury and Illness Reporting Packet
Report of Request and Decision for HIV Testing
- PURPOSE:** To outline methods of reporting employees' work related injuries/illness and/or exposures to potentially contaminated blood/body fluids, and to provide guidelines for supervisors in reporting such injuries.

I. PROCEDURE

- A. Any employee who is injured or observes another employee injured on the job is responsible for reporting the injury to the immediate supervisor or a supervisor/manager in charge if the immediate supervisor is unavailable.
- B. When notified of a work related injury or illness, the supervisor will:
1. Facilitate medical treatment if necessary:
 - a. Call 9-1-1 if a serious emergency. Within eight (8) hours of the incident the supervisor must contact the Human Resources Services (HRS) – Probation Satellite Team at [REDACTED] or Probation's Safety Specialist at [REDACTED]
 - b. If the HRS-Probation Satellite Team and Probation's Safety Specialist are unavailable, contact the County Safety Office/Risk Management at (714) 285-5500 and ask to speak with someone in Safety. Do not just leave a message. (Refer to 9-1-1 instructions on PROB-NET)
 - c. Refer the employee to his/her treating physician ONLY if the employee has pre-elected his/her treating physician to provide treatment for work related injuries. The employee must have completed a Designation of Personal Physician for Workers'

Compensation Treatment Form and have it on file with CEO/Risk Management-Workers' Compensation PRIOR to the injury or illness.

If the employee does not have a Designation of Personal Physician for Workers' Compensation Treatment Form on file, provide the employee with the list of "Workers' Compensation Treatment Facilities" **found in the Employee Occupational Injury or Illness Reporting Packet on ProbNet.**

- d. Complete the Medical Services Authorization Form, make a copy and give it to the employee to take with them to the selected medical facility. This form will authorize initial treatment. **Do not send a blank form.**
2. Provide the employee (either in person or via certified U.S. Mail) with the Workers' Compensation Claim Form (DWC-1), Guide to Your Workers' Compensation Medical Care, Workers' Compensation Prescription Program, Employee Authorization to Obtain Medical Information, and the Employee's Report of Occupational Injury or Illness within twenty-four (24) hours of knowledge of injury or illness. **These forms can be found in the Employee Occupational Injury or Illness Reporting Packet on ProbNet.**
3. Within twenty-four (24) hours of knowledge of the employee's injury or illness, the supervisor must complete the **Employer's** Report of Occupational Injury/Illness (5020 Form) and the Supervisor's Investigation of Employee's Injury or Illness form. The supervisor must submit the on-line 5020 Form electronically, then print a copy for the HRS-Probation Satellite Team. The printed copy of the 5020 Form **and** the above referenced documentation must be **sent** to the HRS-Probation Satellite Team **via email** at [REDACTED] **and please include "[SECURE]" in the subject, or faxed to** [REDACTED], and forward the originals to the HRS-Probation Satellite Team via pony mail (refer to the Supervisor's Instructions of **Employee Injury or Illness** link).
4. After the employee returns the DWC-1 Form to the supervisor, the supervisor must complete items **12 – 14** and **17 – 19** and **email/fax** the Claim Form to the HRS-Probation Satellite Team. The supervisor must forward the original Claim Form to the HRS-Probation Satellite Team at the Probation Administration Office (PAO) via pony mail.
5. Upon receipt of all documents, the HRS-Probation Satellite Team will forward all supporting documentation to CEO/Risk Management-Workers **Comp.**
6. If the employee is disabled and unable to work, he or she must provide the HRS-Probation Satellite Team with the doctor's statement of disability and keep the HRS-Probation Satellite Team and the immediate supervisor informed of his or her status. The employee must **email/fax** all medical documentation directly to the HRS-Probation Satellite Team.
7. If the employee has work restrictions, **HRS will engage the employee and supervisor in the interactive process to determine if the employee can**

perform the essential functions of the job with or without accommodation. HR will confer with the Probation Department as necessary prior to returning the employee to work. Executive Management and HRS will make a determination together regarding permanent work restrictions.

8. If cleared **to full duty**, the HRS-Probation Satellite Team will confirm clearance and advise supervisor of employee's clearance to return to work.

C. On the Job Exposure to Blood and Body Fluids:

1. The supervisor will follow all necessary steps documented in above Section II, including referring the employee to a Workers' Compensation treatment facility if they should choose to seek medical treatment and/or testing.
2. The supervisor must provide the employee with the Report of Request and Decision for HIV Testing form. The employee may complete and sign the form and **email/fax** to the HRS-Probation Satellite Team as soon as possible. If employee is unable to complete the form, the supervisor must complete the form on behalf of employee and **email/fax** to the HRS-Probation Satellite Team, along with all other Workers' Compensation documents listed within twenty-four (24) hours of knowledge of the exposure.
3. The HRS-Probation Satellite Team will **email/fax** the completed form to Employee Health Services as soon as possible.
4. Employee Health Services will contact the employee directly to determine what further actions are necessary to ensure the safety of the employee's health.
5. The employee has the right to decline any medical testing or treatment recommended by Employee Health Services.

REFERENCES:

Procedure:	1-3-308	Bloodborne Pathogens: Preventative Measures and Exposure Guidelines
Policy:	C-3	Leaves: Personal, Medical, Family, Military, Workers' Compensation, Witness, Bereavement, OCEA Business
	G-8	Injuries and Medical Emergencies

D.Martinez

APPROVED BY: