County of San Bernardino
Department of Behavioral Health

Occupational Injury or Illness Reporting Procedure

Effective Date 7/94
Approval Date 11/17/06 **Allan Rawland, Director**

Purpose

To inform employees of the procedure to follow when employees or volunteers are involved in incidents that result in Occupational Injury or Illness.

Definitions

Occupational Injury/Illness: An occupational injury or illness is one that arises out of employment or is suffered in the course of employment.

Emergency: An emergency is defined here as an event that occurs in the workplace or in connection with employment that results in any serious injury requiring immediate attention, or necessitating medical treatment after or before physician's normal office hours. **In cases of emergency, call 9-911.**

Workers' Compensation

County employees and volunteers are protected under California Workers' Compensation laws for occupational injuries or illness.

General Information

The Personal Physician Request-Occupational Injury/Illness form **must** be completed prior to an injury or illness if there is a preference to be seen by a personal physician other than a county physician.

Roles/ Responsibilities

All occupational accidents, illnesses and incidents must be reported and handled by staff as stated below:

Roles	Responsibilities
Employee (with on-duty injury or illness)	• Immediately notify the supervisor or designee by telephone or in person. If unable to do so, ask someone to make the call • Complete the Employee's Claim for Workers Compensation Benefits form and submit it to the immediate supervisor or designee. **(This form is to be completed only if medical treatment is needed or has already been received)**

Roles	Responsibilities
Employee (with on-duty injury or illness) (continued)	• If not filing a workers' compensation claim, record all minor injuries not requiring medical attention on **the "First Aid Log"** (located in the work area) and obtain the supervisor's signature on the log. **Note: In instances where there is Bloodborne pathogen exposure, tuberculosis exposure or exposure to other airborne diseases, DO NOT DOCUMENT THIS ON THE FIRST AID LOG.** Refer to the Bloodborne Pathogens information for reporting these exposures and obtaining treatment. • If medical treatment is needed, take the Medical Service Order form (provided by the immediate supervisor) to Center for Employee Health and Wellness. If after normal business hours and the Center for Employee Health and Wellness is closed, report to the nearest urgent care clinic • Employees in the outlaying areas will need to go to the closest urgent care facility or occupational health center for medical treatment whenever it is needed • If given an off work order for an occupational injury for less than eight hours, obtain the completed Medical Service Order from the Center for Employee Health and Wellness and submit it to the immediate supervisor upon return to work. **Call the supervisor and inform him/her of the off work order** • If given an off work order for an occupational injury for more than eight hours, obtain a **return to work slip** from the Center for Employee Health & Wellness and submit it to the immediate supervisor upon return to work. **Call the supervisor and inform him/her of the off work order**
Supervisor	• For serious injuries requiring immediate attention, **call 9-911** and have an employee stand by to direct the ambulance attendants to the injured employee. Notify DBH Director, Assistant Director, Appropriate Deputy Director, appropriate Program Manager and Risk Management at **(909) 386-8623**. Contact the Communications Center at **(909) 356-3811** after 5:00 p.m. weekdays, weekends or legal holidays instead of Risk Management

Supervisor (continued)	• If the employee reports minor injuries and does not want to file a worker's compensation claim, instruct the employee to record the injuries on the "First Aid Log" (the supervisor signs the log). Administer first aid, if required • If the employee has an on-duty injury or illness requiring medical attention, Complete the **Employer's Report of Occupational Injury or Illness** form in its entirety, the **Medical Service Order for Occupational Injury or Illness** form and the **Investigation of Workplace Incidents, Accidents and Hazardous Substance Exposure** form • Send the employee with the Medical Service Order form to Center for Employee Health and Wellness • If the employee completes and submits a Workers' Compensation form, complete the bottom section of the form • Submit the following forms to Payroll, Director's office, and the Disaster/Safety Coordinator within 24 hours: ➢ Employee's Claim for Workers' Compensation Benefits form ➢ Employer's Report of Occupational Injury or Illness form ➢ Investigation of Incidents, Accidents, and Hazardous Substance Exposure Report • If employee submits an off-work order, submit it to Payroll immediately
Payroll	• Send original of all reports to Risk Management and copies to Disaster/Safety Coordinator
Safety Coordinator	• Review the incident reports quarterly with DBH Safety Committee • Make recommendations to management to reduce occurrence of incidents • Maintain data on all incidents for tracking and annual report