COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
DIRECTIVE

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SUBJECT: SUPERVISORS' RESPONSIBILITIES – WORK RELATED INJURY/ILLNESS

The following Directive is an adaptation of internal practices of the Los Angeles County Sheriff's Department's policy and practices. These policies and practices have been implemented at the direction of the Los Angeles County Board of Supervisors

This Directive has been created as a reference for line supervisors and provides foundational information as it relates to work related injuries and exposures. Department members are reminded that regardless of the injury/illness, being work or non-work related, we are required to treat all employees the same. That is with respect, dignity and a sincere concern for their well being.

Supervisors are to be reminded that all circumstances cannot be addressed within a written document; therefore, this Directive is not an alternative to contacting the Return to Work Unit for specific questions or direction if further clarification is needed.

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Supervisor's Responsibilities:

- In all cases of emergencies involving serious injury or illness, the supervisor shall have the employee treated by the nearest physician or medical facility.
- When the injury or incapacitation is non-emergent but requires medical treatment, the supervisor shall offer the employee a choice of the medical facilities listed in the County of Los Angeles Directory of Physicians of Industrial Injury
- **A supervisor or Department representative (if no supervisor is available), shall accompany the employee to the medical facility and ascertain the extent of the injury or incapacitation as well as the attending physician's opinion regarding the employee's ability to fill a temporary modified assignment. However, the supervisor or Department Representative shall not remain in the treatment room while the employee is being treated, absent specific authorization from the employee.**
- The supervisor shall, with all due diligence and priority, conduct a thorough investigation into the facts surrounding the employee's injury. To include:
    - Statements from witnesses, photographs, video documentation, information on third party involvement, site and equipment inspection, employee statements, and any supporting documents should all be part of a complete investigation
- If the employee has notified the Department (Physicians Pre-designation form), in writing, prior to the date of the injury or illness that he has a licensed personal physician who has agreed to abide by workers' compensation guidelines, the employee may be treated by his physician from the date of injury (See Attachment B).
- In all cases of reported work related injuries or illnesses, supervisors shall provide the injured/ill employee with an Employee's Claim for Worker's Compensation Benefits form **(DWC- 1 Form) within 24 hours or one business day**
- If the injury/illness is of a nature that caused a criminal report to be filed, or was related to a vehicle accident or any other report that was generated by any law enforcement entity, copies of such report shall be forwarded with a copy of the original Employee Master Injury/Illness Packet to the Return to Work Unit as soon as possible.
- If there is any question regarding rather or not to complete an Employee Master Injury/Illness Packet, fill out the entire package and submit it, even if the employee refuses medical attention or does not sign the DWC-1.
- If the employee refuses to cooperate in the completion of the Injury/Illness Packet, they must be provided the DWC-1 Form per law. Complete as much of the Injury/Illness Packet as you

can reflecting the employee's refusal to cooperate and the fact that the DWC-1 was provided to the employee. Complete a brief email outlining the circumstances of the refusal, to the RTW Unit along with the Injury/Illness packet for submission.

- Once the Employee Master Injury/Illness Packet has been completed, the line supervisor shall deliver the packet to their respective RTW Coordinator for review and processing.
- The RTW Coordinator shall submit the packet to the Return to Work Unit within three days **(72 hours)** of the injury or illness. In the case of a Thursday night injury/illness, the report shall be processed so that it is received by the next available workday following the 72 hour period. **Distribution is as follows:**
    - **Original and 1 copy** of the Employee Master Injury/Illness Packet to the Return to Work Unit.
    - One copy sent to the Division Deputy Chief for review.

Interactive Process Meetings (IPM) by Line Supervisors:

- An IPM is simply an interactive meeting between the employee and the employer. As a line supervisor you are often the first person to become aware of an employee's injury/illness, regardless of it being work related or non-work related. This makes it your responsibility to speak to the employee about their injury/illness as it relates to how it is affecting their ability to do their job.
- This responsibility is based upon your knowledge of an injury/illness or an injury/illness that you should have recognized, regardless of cause and even if it was never brought to your attention, which is adversely affecting the employee's job performance.
- Some of the more common triggers of an IPM for the line supervisor are:
    - Verbal- Supervisor approached by employee
    - Non verbal – Supervisor observes change in performance
    - Directed – Operation staff directs a home visit or welfare check
- As a line supervisor an employee may state, "Hey Boss, I hurt my knee this weekend working on the house, do you think I can work the Admin desk for a couple of days?" (or you should have noticed that the employee was injured/ill based upon their difficulty in accomplishing a task) This statement or observation necessitates your engaging the employee in an IPM.
    - From this point you need to make a good faith effort to see what you can do for the employee. Avoid asking specific questions regarding their medical condition in order to

maintain the employee's privacy. Your inquiry should only be related to information needed to assist the employee in doing their job, or seeking a temporary modified assignment or duties, or allowing the employee leave; pending the involvement of your RTW Coordinator.

- The mutually obtained solution may include having the employee work the Administration Building or other suitable assignment; a change of shift; or authorizing the employee to take his/her own leave; all in an effort to temporarily accommodate the employee. This relates to both work related and non-work related injuries/illnesses.

- However, if you are unable to locate a temporary modified duty assignment, have the employee work in any capacity that does not violate the employee's work restrictions and contact the RTW Unit in order to locate an alternative modified duty assignment. In no circumstances should an employee be sent home who has work restrictions.

- Regardless of the solution, you must immediately follow-up with an email to the employee; with a "cc" to your on-site RTW Coordinator, regarding the discussion and the solution and needed follow-up, which was determined between you and the employee.

- Your RTW Coordinator may direct you to check on an employee who is currently off work due to an injury/illness. This is done in order to determine if the employee is in compliance to Department Directive 1102 or to formally engage the employee in an Interactive Process Meeting and make an "offer of work" to the employee. The offer of work may be a temporary modified assignment and must be a position with specific duties that must be outlined to the employee in order to be a legal offer under workers' compensation law. Also, you may be asked to make a formal offer of a full duty assignment.

  - Your RTW Coordinator must provide you with an **Interactive Process Meeting Worksheet** that is to reflect a full duty assignment or a temporary modified assignment, to include a detailed list of duties to be relayed to the employee. This Worksheet should be signed by the employee once the IPM has been completed. If the employee refuses, simply reflect that on the employee's signature line.

- Remember, an IPM is a "good faith" effort to assist the employee, while taking into consideration the needs of the Department. This contact is not the time to discuss violations of policy or to be accusatory of wrong doing. If you should be in need of immediate direction please contact your RTW Coordinator or the RTW Unit.

Cal/OSHA Notifications:

- The 5020 Form requires the supervisor to determine and document if a Cal/OSHA notification was made regarding a work related injury or illness. Pursuant to Title 8, Calif. Code of Regulations, sec 342a, the employer must notify Cal/OSHA within 8 hours of the knowledge of the following circumstances resulting from a work related injury or illness:
  - death
  - results in permanent disfigurement
  - involves the "loss of any member of the body" which is defined as loss of bone; however, any loss of flesh which may not have caused the loss of bone tissue, will be reportable under a permanent disfigurement.
  - inpatient hospitalization for more than 24 hours and for more than observation

Notifications can be made 24/7 to The California Division of Occupational Safety and Health Enforcement Office in Los Angeles at (213) 576-7451.

Any notification to Cal/OSHA requires a follow-up email to your Director and the RTW Unit Manager.

Completing Employee Injury/Illness Packet:

- The line supervisor shall complete the Employee Injury/Illness Packet (Worksheet, 5020 Form, Supervisor Investigation, DWC-1, Medical Service Order or Declination Form), for each injured/ill employee.

Employee's Injury/Illness Worksheet

- The Employee Injury/Illness Worksheet is a tool to ensure that the line supervisor gathers the correct information for the packet as well as the required "Comp IQ" notification that is to be referenced. Utilizing the Employee Injury/Illness Worksheet, make the appropriate notification to Comp IQ and document time/date and who was notified on the 5020 Form.

- As you gather the information, ensure that you place the injured worker's employee number in the appropriate blank. Be sure to check if the employee is Mega Flex (the employee will know if they are Mega Flex and reflect it on the form.

Employee Report of Occupational Injury/Illness (Form 5020)

- The accuracy of completing this report cannot be overstated. Information on this form will determine all benefits for which the injured worker is entitled to for the life of the claim. For reference.

Employee's Claim for Workers' Compensation Benefits (DWC-1)

- The Claim form must be filled out by the supervisor and given to the employee **within 24 hours or one business day** after the supervisor has been notified or becomes aware of the work related injury/illness. If the claim form is given to an injured or ill employee, but not completed immediately, you must still complete the entire injury/illness packet and reflect that you provided the DWC-1 to the employee, yet they have yet to return it. This practice will effectively document the incident and provides evidence of the Department's good faith effort to actively address the employee's injury or illness.

- Supervisors are not to complete the Employee's portion of the Claim Form. If the injured employee is incapacitated, you must give the form to a relative or a designated agent to complete and sign for the employee. (No person shall sign for employee unless employee is totally incapacitated and no family member is available).

Supervisor's Investigation - Industrial Injury/Illness

- This report is the Department's opportunity to accurately report the event and to address any risk management issues.

- It is imperative that a thorough investigation into the occurrence is conducted. This would include an on-site visit to the location of occurrence, as well as interviewing any witnesses, and referencing any other Departmental report that has a direct reference to the injury/illness. A thorough investigation assists the employee in getting timely medical care or treatment. Additionally, it is the opportunity to bring to light any questions or concerns specifically related to the injuries or the employee's statements.

- Do not simply reiterate what the injured employee told you. This report should be based upon your observations as well as witness statements.

- In those cases where the nature of the claimed injury/illness is the result of long-term causation (continuous trauma), e.g., heart condition, hearing loss, etc., the supervisor shall conduct an investigation to the extent possible in such cases.

Medical Service Order

- The medical service order shall be prepared and provided to the authorized attending physician for completion and signature. This typically provides the best opportunity to advise the physician that our Department has **temporary modified duty** available. This document should be placed with the completed Employee Injury/Illness packet for review and processing by your RTW Coordinator.

- If the attending physician provides work restrictions, you would need to engage the employee in an IPM in order to seek a temporary modified assignment, such as working the desk or

adjusting their current job duties to omit the tasks that they are not compatible with their work restrictions.

- If the attending physician states that the employee is Temporarily Totally Disabled (TTD), notify the physician that the Department has modified duty available, if the physician was to provide work restriction. If the physician orders that the employee remain at home then allow the employee to take his/her own leave pending the final determination of the claim being accepted, or denied, by our Third Party Administrator (TPA), AIMS.

Declining Medical Treatment Form

- When an employee refuses medical treatment following an industrial injury/illness or refuses treatment by physicians authorized by the County, a notation of this fact shall be made in the Supervisors Investigation Report, and the **Employee's Statement Declining Medical Treatment** form shall be filled out by the employee and turned in as part of the Injury/illness packet to your RTW Coordinator for their review and processing.

Exposure to Hazardous Material/Communicable Disease:

If you are handling an exposure situation dealing with pathogens that are transmitted through bodily fluid, please also review "Post Exposure Management Bodily Fluids" section below.

Any employee, who believes that they have been exposed to a substance or communicable disease, in the line of duty shall:

- Immediately notify their immediate supervisor
- Prepare a Special Incident Report and state in as much detail as possible the Hazardous Materials Injury and or Toxic Substance/communicable Disease Exposure.
    - When several members have come in contact with the same exposure or substance, each employee involved shall complete a separate report if no treatment or medical attention is required at the time of exposure.

Post Exposure Management Procedures:

Once a supervisor has learned that an employee has come in contact with a communicable disease, whether suspected or confirmed, California's Occupational Health and Safety Administration (Cal/OHSA) mandates that the supervisor investigate whether additional employees may have been exposed to the infected employee, person, or material. The supervisor shall:

- Immediately notify each identified employee of the potential exposure within 72 hours after becoming aware of the exposure incident (Supervisors shall not provide the identity of the original infected employee.)

- Provide each identified employee with disease information, including how the illness is spread, symptoms identification for diagnosing the disease, treatment, and how to reduce chances of becoming infected in the future.
- Ensure that each employee coming in contact with the infected employee or material completes a separate Special Incident Report.
- Provide the original report to your RTW Coordinator for processing to the RTW Unit.

If a Department member subsequently shows signs and symptoms of the exposure, an Employee Injury/Illness packet shall be prepared and processed in the same manner as a "traditional" industrial injury/illness. The exposure date and time shall be substituted for the date and time of injury on the 5020; however, the date of Department notification shall be the date that the Department became aware the employee began to show signs and symptoms related to the exposure.

Additionally, **if a Department member experiences a High Risk Exposure**, the blood or bodily fluid of another goes through the skin barrier (needle stick or sharps exposure that penetrates the skin) or direct exposure to a mucous membrane or non-intact skin (exposed skin that is open, chapped, abraded, or afflicted with dermatitis, or similar conditions) **shall constitute an injury and shall necessitate the completion of the Employee Master Injury/Illness Form Packet and the below listed actions.**

Post Exposure Management Bodily Fluids - Standard Precautions and Post-exposure Mitigation Measures

Prevention of occupational exposure to blood and bodily fluids is the best way to prevent transmission of blood borne pathogens, which include:

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- HIV

However, despite strict adherence to principles of standard precautions and a strict hand washing protocol, employees may still be exposed to potentially infectious blood from minors, wards of the court, or probationers. Exposures may result under a number of different circumstances including, but not limited to:

- accidental needle sticks or sharps injuries among health care personnel
- Intentional violent behavior by youth or adult
- Intentional spraying of blood or bodily fluids such as urine or feces

Therefore, post-exposure management is an essential component of any infection control program.

Definitions:

High Risk Exposure – A high risk exposure is defined as an injury that goes through the skin barrier (needle stick or sharps exposure that penetrates the skin) or direct exposure to a mucous membrane or non-intact skin (open wound or exposed skin that is chapped, abraded, or afflicted with dermatitis, or similar conditions) with blood or other bodily fluid of another.

Low Risk Exposure – A low risk exposure occurs when the blood or other bodily fluid of a person comes in contact with the intact skin or clothing of another (Low risk exposures are traditionally only documented on the Special Incident Report).

Infectious Materials - All blood or other potentially infectious materials (to include the majority of bodily fluids) are considered to be infectious regardless of the perceived status of the source individual.

Post Exposure Management Procedures:

Low and High Risk Exposures

- Immediately wash the site with soap and water. Thoroughly flush blood and body fluid splashes to nose, eyes, mouth or skin, with water. Irrigate eye splashes with water, and/or, if available, 0.9% sodium chloride solution, or sterile irrigating solution appropriate for ophthalmic use.
- Report the injury/exposure immediately to the handling supervisor.

High Risk Exposures

Supervisor Responsibilities

- Make email notification to your Probation Director and your RTW Coordinator
- Immediately notify the Director with all pertinent information in order to meet all notification protocols.
- The supervisor is to escort the exposed employee, within 2 hours if possible, to the nearest initial treatment facility, or emergency room, or their private physician if so designated in their personnel folder and availability permits.
- If the employee wishes, the employee is to receive medical attention within two hours of exposure for immediate initiation of post-exposure prophylaxis (PEP) according to CDC guidelines.
    - "Post-exposure prophylaxis" (PEP) is an antiretroviral drug treatment that should be administered as soon as possible following a High Risk Exposure. This treatment usually consists of a month long course of various medications.

  - If the treating physician refuses to begin the PEP course, or it is believed that sub-standard treatment is being received, contact your RTW Coordinator and/or the RTW Unit.
- The supervisor is to complete the following reports for processing within 48 hrs:
  - Employee Injury/Illness Packet
  - Special Incident Report in the name of the involved employee including employee number and location.
- Once completed, all reports shall be sent to the RTW Coordinator for processing and notification to the Probation Director.

For questions or concerns regarding this process please contact the Human Resources Division, RTW Section at ReturntoWorkhelpdesk@probation.lacounty.gov.

Jerry E. Powers
Chief Probation Officer