

# ***NOTICE!***

The following procedure is currently under revision.

If you need to refer to this procedure and have questions regarding applicability, please contact the Safety Office at 425.388.3549.

## **ON THE JOB ACCIDENT AND INJURY REPORTING**

### **I. DAY OF INJURY**

- A. The injured employee must **immediately** report the injury, regardless of the degree of injury or illness, to his/her Supervisor (or designee if the supervisor is not available).
- B. The supervisor shall **call the County Safety Office immediately upon notification of any injury or occupational illness, whether an employee seeks medical treatment or not.**
- C. **All injuries must be documented.** When an injury occurs, the supervisor must fill out a Supervisor's Accident Investigation Report. This report shall be filled out regardless if the employee seeks medical treatment or not. The white & canary copies go to Safety, and the pink copy is for the department. All accident reports must be signed by the Department Head/Division Manager.
- D. The Supervisor's Accident Investigation Report **shall also be used** and sent to Safety when the following applies:
  - 1. **Non-injury accidents** where equipment, property, etc. sustained damage.
  - 2. **Non-injury accidents** where equipment, property, etc. sustained damage **AND** the accident had the potential to cause serious bodily harm or death.
  - 3. **Non-injury incidents** where the incident created an unsafe work environment and had the potential to cause serious bodily harm to workers.

**\*NOTE: For all motor vehicle accidents, complete the "Snohomish County Auto Accident" form.**

- E. If the accident results in a fatality or hospitalization of two or more employees from the same incident, the Safety Office **shall** be notified immediately. If the Safety Office cannot be reached within 8 hours of this type of incident, the supervisor will call the Department of Labor and Industries (425-290-1400) or (1-800-321-6742). The supervisor will also notify the appropriate Department Head/Director.

F. If the employee **seeks medical treatment**; the supervisor will give the employee a packet of forms that are to be taken to the physician. This packet will contain the following:

- Self-Insured Form-2 (SIF-2)
- Supervisor's Accident Investigation Report
- Physician's Initial Report Form (PIR)
- Physical Capacities Evaluation (PCE)
- Return to Work Authorization

1. The supervisor will ensure the employee fills out the “Worker” Section of the SIF-2 **before the employee leaves for the doctor**. The employee should only take the pink copy of the SIF-2 with them. All other copies of the SIF-2 are retained by the supervisor.

**NOTE:** In the event that the injured employee is incapacitated and or an aid car is called, and the employee is unable to process his/her own paperwork, the supervisor must make arrangements to get the employee and forms to the hospital or the doctor.

2. The supervisor completes the Supervisor's Accident Investigation Report form and promptly sends it along with the retained copies of the SIF-2 form to the County Safety Office.
3. The County Safety Office will review the SIF-2 and Supervisors Accident Report, process and forward the paperwork to our Claims Administrator.

## II. FOLLOWING DAY OF INJURY

The supervisor alerts the department's payroll clerk of the injury if the employee will be or is anticipated to be on Industrial Leave.

The first three days following the day of injury is considered a “waiting period”. An employee is not eligible for “Time Loss” benefits through Workers Compensation until the fourth day. You will not be paid Time Loss for those three days unless you are still unable to return to work on the 14th day after the injury. (This 3 day waiting period is in accordance with Washington State Industrial Insurance Laws).

### III. THIRD DAY OF INJURY

If the injured employee is going to be on Industrial Leave (leave commences on the fourth day) the supervisor needs to inform the employee of their pay options while on Industrial Leave. The department payroll clerk will inform the supervisor of pay rates and accrued hours. Pay choices are **Supplementing With Sick or Vacation Accruals, Sick Leave Buy Back, or Leave Without Pay**. The employee must fill out the Injured Employee Pay Acknowledgement form to choose one of the above options and give it to their department payroll clerk, another copy must be sent to the Safety office.

#### A. SUPPLEMENTAL OPTION

1. If the injured worker has sick leave, vacation leave, or comp time on the books, he/she can elect to use part of those hours to supplement his/her Industrial Leave pay. Sick leave hours must be exhausted before use of vacation leave hours. The number of leave hours to be used to supplement depends on the work schedule as follows:

|                       |                   |
|-----------------------|-------------------|
| 10 hr daily schedule  | 3.125 hrs per day |
| 8 hr daily schedule   | 2.5 hrs per day   |
| 7.5 hr daily schedule | 2.34 hrs per day  |
| 7 hr daily schedule   | 2.19 hrs per day  |
| 4 hr daily schedule   | 1.25 hrs per day  |

2. If the injured worker supplements and therefore is on the active payroll, the step adjustment date and continuous service or seniority of the employee will remain intact. A copy of the injured Employee Pay Acknowledgment Form to implement this pay change is attached.
3. The injured employee will NOT be eligible for retirement credit unless he/she elects to personally pay for it. The retirement contributions are based on normal earnings, not L & I payments.

#### B. BUY BACK OPTION

1. If an injured employee wants to buy back the sick leave used, the L & I check is endorsed by the employee and returned to the Payroll section. The L & I amount is divided by the employee's normal payroll rate of pay per hour to purchase back some of the sick hours used. **It is NOT an hour for hour buy back.**

2. This option will also keep the step adjustment date and continuous service or seniority date of the employee intact. The Pay Acknowledgment form is signed which verifies his/her choice of the presented options.

C. LEAVE WITHOUT PAY OPTION

1. The injured worker may elect to receive only L & I payments, which will put the employee into a “**Leave Without Pay**” status with Payroll. A request for Leave Without Pay form is required.
2. Selection of this option may cause step adjustment date and continuous service or seniority dates to be adjusted.

IV. **RETURN TO WORK**

- A. A Return to Work Authorization form **must** be given to the supervisor with a copy sent to the Safety Office. Any restrictions need to be noted by the supervisor, and if the restrictions are not compatible with the job, a light duty assignment can be made available depending on physical restrictions. This shall be coordinated with the County Safety Office.
- B. The physician may be contacted by the County Safety Office to release an injured worker for light duty, while the medical healing phase takes place. In this instance, the injured employee is eligible for loss of earning power if employee’s hours are reduced or employee is re-classed, and the difference in pay exceeds 5%. This supplements the employee's pay while on light duty. It does not completely replace the regular full time salary.
- C. The employee will be informed by the supervisor that if they regularly receive a payroll draw check, it will be canceled when they go on Industrial Leave, unless they choose the sick leave buy back option, or the supplement option.
- D. Other regular deductions from the employee's paycheck may need to be stopped while the employee is on industrial leave. They may include, but not be limited to: parking fees for county garage, deferred compensation, United Way, Credit Union.
- E. When the injured employee is returned back to work, the supervisor or designee notifies the Safety Office **the day the employee returns to work.**