"NO MEDICAL ATTENTION REQUIRED" PACKET INSTRUCTIONS

If you do not require immediate medical attention, or if you only require basic first aid, you must complete a Wasco County Employee Injury/Incident, "No Medical Attention Required" packet within 24 hours of the incident. The following material can be found in the Employee Injury/Incident "No Medical Attention Required" packet:

- Incident Report (Wasco County)
- Authorization to Release Information (SAIF Corporation)
- General Safety Policy (Wasco County)
- On-The-Job Injury or Illness Policy/Procedures (Wasco County)

Instructions:

Incident Report: Fill out the entire Employee Section and please be as specific as you can. Sign and date the form at the bottom of the page. Place the completed form in the packet and check the box indicating you have reviewed and completed the form.

Authorization to Release Information: Review and complete the SAIF Corporation Authorization to Release Information Form. Please make sure that you sign the form in each section. Place the completed form in the packet and check the box indicating you have reviewed and completed the form.

General Safety Policy: Read the General Safety Policy. Sign and date the "Employee Acknowledgement Form" on the last page of the policy indicating that you have read and understand the policy. Place the signed "Employee Acknowledgement Form" page in the packet and check the box indicating you have reviewed and understand the policy. You may keep the copy of the policy for your personal records.

On-The-Job Injury or Illness Policy/Procedures: Read the On-The-Job Injury or Illness Policy/Procedures. Sign and date the "Employee Acknowledgement Form" indicating that you have read and understand the policy. Place the signed "Employee Acknowledgement Form" page in the packet and check the box indicating you have reviewed and understand the policy. You may keep the copy of the policy for your personal records.

PLEASE RETURN THE COMPLETED PACKET TO HUMAN RESOURCES

WASCO COUNTY

INCIDENT/ACCIDENT/ILLNESS REPORT

EMPLOYEE SECTION: WAS MEDICAL ATTENTION NEEDED? YES ☐ NO ☐

NAME_____ JOB TITLE_____

TODAY'S DATE_____ DEPARTMENT _____

LOCATION OF ACCIDENT_____ SUPERVISOR_____

DATE OF INJURY_____TIME OF INJURY_____ DATE ACCIDENT REPORTED_____TIME REPORTED_

ACCIDENT REPORTED TO_____ HOW WAS ACCIDENT REPORTED? VERBAL ☐ WRITTEN ☐

DATE LEFT WORK_____TIME LEFT WORK_ NAME(S) OF WITNESSES_____

PROVIDE SPECIFIC DETAILS OF HOW INJURY OCCURRED: (attach additional info if necessary):_____

_____

_____

_____

PART(s) OF BODY AFFECTED

HEAD/NECK	LEFT SIDE	RIGHT SIDE
☐ NECK	☐	☐
☐ EARS	☐	☐
☐ EYES	☐	☐
☐ MOUTH	☐	☐
☐ TEETH	☐	☐
☐ FACE	☐	☐

UPPER EXTREMITIES	LEFT SIDE	RIGHT SIDE
☐ SHOULDER	☐	☐
☐ UPPER ARM	☐	☐
☐ ELBOW/FOREARM	☐	☐
☐ WRIST	☐	☐
☐ HAND	☐	☐
☐ FINGERS	☐	☐

LOWER EXTREMITIES	LEFT SIDE	RIGHT SIDE
☐ THIGH	☐	☐
☐ LOWER LEG	☐	☐
☐ KNEE	☐	☐
☐ ANKLE	☐	☐
☐ FOOT/TOES	☐	☐
☐ TOES	☐	☐

TRUNK	LEFT SIDE	RIGHT SIDE
☐ LOWER BACK	☐	☐
☐ UPPER BACK	☐	☐
☐ CHEST	☐	☐
☐ ABDOMEN	☐	☐
☐ HIP	☐	☐
☐ GROIN	☐	☐

NATURE OF INJURY

☐ SPRAIN/STRAIN	☐ EXPOSURE TO DISEASE
☐ CUT/PUNCTURE	☐ FOREIGN BODY
☐ SCRAPE	☐ BURN
☐ CRUSH/BRUISE	☐ ELECTRIC SHOCK
☐ SKIN RASH	☐ PAIN
☐ AMPUTATION	☐ JAMMED APPENDAGE

☐ OTHER_____

WORK BEHAVIOR

- ☐ MOVING WORK MATERIALS
- ☐ DRIVING VEHICLE
- ☐ LIFTING OR CARRYING EQUIPMENT, TOOLS, ETC.
- ☐ PUSHING/PULLING EQUIPMENT, MATERIAL OR MACHINERY
- ☐ WORKING ALONE
- ☐ WORKING WITH OTHERS-NAMES:_____

SAFETY EQUIPMENT IN USE

- ☐ PROPER FOOTWEAR
- ☐ SAFETY GLASSES/GOOGLES/FACE SHIELD
- ☐ GLOVES
- ☐ HEARING PROTECTION
- ☐ SEAT BEALT/SAFETY HARNESS
- ☐ RESPIRATORS

CONTRIBUTING CONDITIONS

- ☐ DEFECTIVE MACHINERY (*SAVE BROKEN PARTS & PIECES*)
- ☐ UNSAFE CLOTHING
- ☐ FAULTY FLOOR OR SURFACE
- ☐ POOR HOUSEKEEPING
- ☐ TOOL OR EQUIPMENT BROKEN (*SAVE BROKEN PARTS & PIECES*)
- ☐ SPECIAL CLOTHING

HAVE INDICATED BODY PARTS BEEN INJURED PREVIOUSLY OR IS THERE ANY PRE-EXISTING CONDITION THAT WILL AFFECT THIS INJURY: YES ☐ NO ☐ IF YES, PLEASE EXPLAIN: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SECTION: **FORM 801 FILLED OUT? YES ☐ NO ☐**

EMPLOYEE WORK BEHAVIOR

- ☐ IMPROPERLY USING TOOLS OR EQUIPMENT
- ☐ WORKING BEYOND SKILL LEVEL
- ☐ INATTENTION TO SURROUNDINGS
- ☐ FAILURE TO GET ASSISTANCE
- ☐ IMPROPER LIFTING TECHNIQUE
- ☐ FAILURE TO FOLLOW WORK RULE(S)
- ☐ HORSEPLAY
- ☐ ASSAULT BY / ON WORKER

SAFETY EQUIPMENT

- ☐ ADEQUATE
- ☐ INADEQUATE
- ☐ IMPROPERLY USED
- ☐ NOT AVAILABLE
- ☐ NOT USED
- ☐ DAMAGED (*SAVED BROKEN PARTS/PIECES*)

SAFETY RULES

- ☐ ADEQUATE FOR SITUATION
- ☐ INADEQUATE FOR SITUATION
- ☐ IMPROPERLY FOLLOWED
- ☐ NOT FOLLOWED
- ☐ NOT ENFORCED
- ☐ NOT KNOWN BY WORKER

DESCRIBE WHAT THE WORKER WAS DOING PRIOR TO AND AT THE TIME OF THE ACCIDENT (SPECIFIC SEQUENCE OF EVENTS):

_____

_____

_____

_____

_____

_____

DESCRIBE FIRST AID GIVEN (WHEN AND BY WHOM):_____

_____

IS THERE ANY REASON TO QUESTION THIS IS AS JOB RELATED? YES ☐ NO ☐ IF YES, LIST SPECIFIC REASONS:_____

_____

_____

WHAT DO **YOU** THINK CAN BE DONE TO PREVENT FURTHER INCIDENTS OF THIS NATURE?_____

_____

_____

NAME OF WITNESS(ES) TO INCIDENT_____

ADDRESS (IF NOT EMPLOYEE)_____ PHONE NUMBER (IF NOT EMPLOYEE)_____

WITNESS(ES) SIGNATURE(S)_____ DATE_____

CORRECTIVE ACTION NEEDED:

- ☐ IMPROVE JOB DESIGN
- ☐ REPAIR OR REPLACE EQUIPMENT
- ☐ TRAINING
- ☐ IMPROVE HOUSEKEEPING
- ☐ MORE DIRECT SUPERVISION
- ☐ ESTABLISH NEW RULES/PROCEDURES
- ☐ ENFORCE RULES/PROCEDURES
- ☐ SAFETY EQUIPMENT
- ☐ JOB SAFETY ANALYSIS
- ☐ DISCIPLINE (DESCRIBE):_____

SUPERVISOR'S SIGNATURE: _____ **DATE:**_____

SAFETY COMMITTEE REVIEW DATE: YES ☐ NO ☐ **DATE:**_____

SAIF Corporation
400 High St. S.E.
Salem, OR 97312-1000
(503) 373-8000

saif Work. Life. Oregon.

Authorization to Release Information

Name: _____
Claim Number: _____
S.S. Number: _____
Date of Birth: _____

I, _____, do hereby authorize
(Name of Claimant)
_____ to disclose upon request of SAIF
(Hospital, Physician, Clinic or Insurance Co.)

Corporation or its representatives, _____, any and all information, including, but not limited to, written reports of hospital or medical records of history, x-rays, consultations, examinations, prescriptions or treatment, relating to any illness or injury which I might have incurred or suffered. This information is being disclosed to SAIF Corporation or the above-named representative to assist in determining the extent and nature of my eligibility for Workers' Compensation benefits. I am aware that this consent is subject to revocation in writing at any time by me, except to the extent that action has been taken in reliance thereon prior to that notice of revocation. In any event, this consent will expire eight (8) years from the date it is signed. I recognize that the information disclosed may contact information that is protected by Federal and State Law, and I specifically consent to disclose of such information relating to mental or psychiatric conditions or treatment, Human Immunodeficiency Virus (HIV/AIDS) testing or treatment and alcohol and/or drug abuse. A photo-static copy of this authorization shall be considered as effective and valid as the original.

Dated: _____ _____
(Claimant)
_____
(Street Address)
_____
(City) (State)

Authorization to Release Information to Workers' Compensation Regulatory Agencies

I hereby authorize SAIF Corporation to release copies of all the medical information gathered by it in relation to my claim for compensation benefits to the Department of Insurance and Finance, Workers' Compensation Division and/or Workers' Compensation Board and/or U.S. Department of Labor for the purpose of assisting in determining the nature and extent of my entitlement to Workers' Compensation benefits.

Dated: _____ Claimant:_____

HUMAN RESOURCES

511 Washington St, Ste 206 • The Dalles, OR 97058
p: [541] 506-2774 • **f:** [541] 506-2771 • www.co.wasco.or.us

Pioneering pathways to prosperity.

Wasco County Policy Acknowledgement Form

I, the undersigned employee of Wasco County, hereby certify that I have read and understand the contents of the Wasco County General Safety Policy as well as the Wasco County On-the-Job Injury/Illness Policy and Procedures.

Name (Please Print): _____

Signature: _____

Date: _____

Wasco County
General Safety Policy & Rules

General Safety Policy: Wasco County is committed to providing a safe and healthy workplace for all employees. The County complies with all applicable requirements issued by the federal Occupational Health and Safety Administration.

The objective of the safety and health program is to reduce or eliminate disabling injuries and illnesses. It is the policy of the County to exercise all precautions necessary to protect employees from all accidents. The County firmly believes that all accidents are preventable.

The responsibility for the success of the safety and health program is shared by management and all employees working for the County. Enforcement of safety rules will be vigorous and equitable, reinforcing the intent to provide workplace safety. Supervisors are required to take quick, consistent action to change unsafe behavior. It is the responsibility of all employees to cooperate in making the safety program work, including compliance with all rules and regulations.

Safety Rules. Employees are required to observe all safety rules. Without limitation, but by way of illustration, the safety rules are:

- All County employees will observe County safety and health rules and apply the principles of accident prevention in their day-to-day duties.
- No employee shall knowingly violate a County safety rule or State Safety and Health Regulation.
- The use of intoxicating liquor or illegal drugs on the job is strictly prohibited. Anyone whose ability to work safely is impaired by alcohol, drugs or medication will not be allowed on the job.
- Each employee is responsible for their own safety and the safety of other employees. Unsafe working conditions shall be corrected or immediately reported to a supervisor.
- Employees will observe all lock-out/tag out procedures on any moving machine or tool before making changes, repairs, or while cleaning.
- No employee shall work alone when entering confined spaces or hazardous locations such as basins or manholes. Entry permits are required to be completed and followed prior to confined space entry.
- Employees must report unsafe or hazardous conditions (unsafe equipment, floors, material, etc.) and unsafe acts to their immediate supervisor or safety committee representative promptly.
- Employees must use personal protective equipment such as steel toe shoes, safety vests, safety glasses, hard hats, gait belts, back supports, etc. where required.

- Employees will not wear frayed, torn or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement.

- Employees must keep working areas clear of slipping/tripping hazards.

- Employees will refrain from fighting, horseplay, or distracting other workers.

- Employees must report all job-related injuries or illnesses to their supervisors within 24 hours.

- Employees must assist supervisors in their investigation of any accident of which they have knowledge.

- Employees must practice safe operating procedures for all equipment.

- Employees will not operate, modify, adjust or use equipment in an unauthorized manner. Make sure all guards and other protective devices are in their proper places prior to operating equipment.

- Employees will only operate machines, tools, power trucks or County equipment that they are authorized to operate. Supervisors will provide proper equipment safety training for each employee as necessary. If for any reason an employee is asked to operate equipment they are not authorized to operate they must immediately report it to their supervisor.

- Employees will attend all required training or orientation to increase safety awareness

- Employees are required to know the location of fire/safety exits and evacuation procedures.

- Employees must observe all hazard warning and no smoking signs.

- Employees are strictly forbidden to be riders on tractors or any other mobile equipment, except for equipment designed to permit passengers.

- Employees are prohibited from using defective equipment, tools or machinery. All defective equipment, tools or machinery must be reported to a supervisor immediately. Examples: handles on tools that have sharp edges, splinters, or cracks; heads on shock tools such as hammers, sledges, and cold chisels that have mushroomed or cracked; cutting edges of tools that have dulled edges; electrical equipment with exposed wires, etc.

- Employees will follow proper lifting procedures at all times.

Failure to observe safety rules may result in disciplinary action, up to and including, termination.

Wasco County On-the-Job Injury or Illness Procedure Policy

Wasco County is committed to providing employees with a safe work environment and encouraging safe work habits. It is the objective of Wasco County to return injured workers to employment at the earliest date possible after an injury.

EMPLOYEE RESPONSIBILITIES

Reporting Requirements (no medical attention required)

Employees are encouraged to report any job-related injury, illness or property damage to their immediate supervisor within 24 hours of an incident.

Employees must provide their immediate supervisor information on how the injury happened by completing an on-the-job accident packet.

Reporting Requirements (medical attention required)

Employees are encouraged to report any job related injury, illness or property damage to their immediate supervisor within 24 hours of an incident and promptly complete an employee Claim Form (Form 801) and return it to the Human Resources office.
Employees are encouraged to seek treatment the same date as the injury.

Failure to timely follow these steps may negatively affect your ability to receive benefits.

If possible, before seeking medical treatment, the employee must obtain an on-the-job accident packet from their supervisor. This packet contains forms that must be presented to their attending physician for completion at the first visit. The completed forms must be returned to the immediate supervisor within 24 hours of the injury, or as soon as medically possible following treatment.

Full Medical Release

Employees treated within their scheduled work shift and released to work will report immediately to their supervisor with a full medical release from their attending physician. If released after the shift, the employee will contact their immediate supervisor at the beginning of their next scheduled shift. In all cases, employees are required to return all required documentation to their immediate supervisor upon return to work or within 24 hours of the injury.

Failure to report to work or contact an immediate supervisor after treatment of injury will result in disciplinary action up to and including termination.

Modified Work Release

Employees released to modified work will report immediately to their supervisor with all required documentation from the attending physician outlining their work limitations. If released after the shift, the employee will contact their immediate supervisor at the beginning of their next scheduled shift. In all cases, employees are required to return all required documentation to their immediate supervisor upon return to work, or within 24 hours.

Failure to report to work or contact an immediate supervisor after treatment of injury will result in disciplinary action up to and including termination.

Employees on modified work release must work within the physical limitations outlined by their treating physician. Failure to do so, or a failure to work safely, will result in disciplinary action up to and including termination.

Employees on modified work release must report in after every doctors' appointment in person. Failure to do so will result in disciplinary action up to and including termination and could affect their reemployment rights.

Employees must notify their immediate supervisor within 24 hours of any changes in their health status or receipt of an updated doctor's release for assessment of work restrictions.

Assignment of Modified Work

Wasco County retains the right to determine whether a modified work assignment can be provided which will be consistent with the treating physician's work restrictions and the needs of the department.

All work will be within the limitations set by the treating physician.

Reasonable effort will be made to accommodate the needs of the employee by modifying his/her present work setting, however, work availability may make it necessary to transfer employees within the department. Such transfers are solely at the option of the employer.

Employees may be required to move from one modified duty assignment to another if their health status changes or they complete an assignment prior to recovery.

Refusal of a physician approved modified job, by either verbal refusal, written refusal or refusal to report to work, will result in a reduction or termination of total or partial wage

replacement (ORS 656) and may result in loss of reinstatement rights and future vocational eligibility. Nothing in this paragraph should be interpreted to interfere with any rights of a worker under state or federal law, including, but not limited to the Family Medical Leave Act or the Americans with Disabilities Act.

Duration/Type of Modified Duty Assignment

Wasco County retains the right to determine duration of modified assignments and may alter or end the assignment without prior notice. Continuation of temporary modified work assignments for injured employees will be reviewed regularly.

The employee's recovery progress will be monitored to assess when and how often duties may be changed. All major changes in the work assignment will be made after receiving concurrence from the treating physician.

If an employee has a permanent disability, which restricts their ability to return to regular work, the modified job program may end.

Wasco County will determine whether a continuing modified position exists and whether the employee will be offered the modified job or another position as their new regular assignment.

Wasco County will determine whether the employee's physical restrictions require substantial modification of the employee's job duties and/or work environment and whether such modifications are possible (or are an undue hardship).

To the extent possible Wasco County will consider work site modification to allow the employee to continue employment.

Wage Information for Modified Work

Pay will be at the going rate of pay for the position at the time of injury.

If the modified position pays less than the employee's wage at injury, the County Worker's Comp carrier will pay the difference at the appropriate compensation rate.

Scheduling

Wasco County retains the right to change regular days off and work hours while the worker is in a modified position.

Injured employees working in modified positions are encouraged to schedule therapy and

doctor appointments around their work schedules to avoid loss of earning power. (Worker's Comp only pays wages for appointments requiring the worker to be gone from work four (4) or more hours.)

If this cannot be arranged, appointments should be scheduled at the end of the shift. Advance notification ofat least 48 hours is required.

Progress Evaluation

The employee's eligibility for modified work will be reviewed at regular intervals. The employee may be asked to obtain a current medical evaluation at that time, if no current medical information is available, to determine medical stability or the appropriateness of return to regular work. The County will then determine if modified work will continue to be made available.

Time worked in a modified position will be considered as time worked in determining seniority.

Employees Unable to Return to Work

If a worker is unable to participate in a modified job or no modified job exists, they will report in at least once every seven (7) days. The supervisor or their designee will contact the injured worker and agree upon a "regular" time and day of the week to maintain regular contact.

In all cases, it is the responsibility of the employee to contact their immediate supervisor at least once every seven (7) days. Disciplinary action, up to and including termination will be taken for employees who fail to report weekly.

All changes in an employee's health status must be presented to their immediate supervisor within 24 hours upon receipt of any updated doctor's release.

All employees must verify with their immediate supervisor their current address and phone number. Any changes must be reported promptly.

Failure to provide changes in medical condition, address or phone number could lead to disciplinary action, up to and including termination.

This on-the-job injury/illness policy will take effect immediately and may from time to time be revised. All revisions, as recommended and adopted by The *Wasco County Court, shall be made part of this policy as if said revisions were fully written hereunder.*

Nothing in this policy should be interpreted to interfere with any rights of a worker under state or federal law, including, but not limited to the Family Medical Leave Act, the American with Disabilities Act, and ORS 659A.043-.049 (reinstatement and reemployment).

"Failure to comply with any provision of this policy will result in disciplinary action up to and including termination and could affect reemployment rights."

APPROVED this 21st day of June, 2017.

WASCO COUNTY
BOARD OF COMMISSIONERS

Rod Runyon, Commission Chair

Steven D. Kramer, Commission Vice-Chair

Scott C. Hege, County Commissioner

APPROVED AS TO FORM:

Kristen Campbell
Wasco County Counsel