

 <b>Tucson, Arizona</b>  <b>POLICY REGULATION</b>	REGULATION TITLE: Reporting Industrial Injuries or Illness
	CODE: GBGC-R1

**ALL INJURIES MUST BE REPORTED WITHIN 24 HOURS OF THE INCIDENT TO BOTH THE SITE ADMINISTRATION AND THE CALL CENTER.**

As per Federal, and Arizona OSHA (ADOSH) regulations, OSHA Standard 29 CFR 1904.35, “**Site Administrators must inform each employee of how he or she is to report an injury or illness and to whom.** The Administrator must set up a way for employees to report work-related injuries and illnesses promptly; and, must tell each employee how to report work-related injuries and illnesses.” A sample of a reporting process is available through the Workers’ Compensation Office at Human Resources, 225-6646.

**Communication to employees regarding industrial injuries or illness:**

- A. Employees are required to report all on-the-job injuries to their Site Administrators. They are also required to report their injury with their supervisors to the On Call Triage Nurse at 1-888-252-4689 within 24 hours of the incident. The service is available 24 hours, 7 days a week (24/7). Spanish speakers are available. In extreme situations, the site shall report the injury on behalf of the employee.
- B. Every site must have a written reporting process in place that is clearly communicated to the employees. Employees must know to whom they are to report and within what time frame.
- C. Employees must be given the Workers’ Compensation Memos which explain the insurance, carrier, billing information and how the employee will be paid if time is lost due to the on-the-job injury or incident. (download from Workers’ Comp website) (The memos must all be posted.)
- D. All the TUSD contracted occupational clinic’s names and addresses must be provided to the employee. (Posters should be posted or check the Workers’ Comp. Website.) All employees should have their personal Workers’ comp insurance information card.
- E. If the incident involves a bodily fluid exposure, the employee must complete the “Report of Significant Work Exposure to Bodily Fluids” form<sup>1</sup> within ten days of the

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<sup>1</sup> NOTE: ALL FORMS REFERENCED HEREIN ARE AVAILABLE FOR DOWNLOAD AT THE RISK MANAGEMENT INTRANET WEBSITE

exposure incident and the testing guidelines must be followed within certain time constraints to provide further treatment if a serious illness results from the incident.

1. **The incident must be reported within 24-hours.**
2. If the employee receives medical treatment, the employee MUST provide the site with work statuses.

**Site Administrator Responsibilities for addressing on-the-job injuries:**

- A. When informed of an on-the-job injury or illness, please remind employees to call the Alliance On Call Triage Nurse at 1-888-252-4689 available 24hours a day, 7days a week.
- B. For catastrophic, extreme emergencies, Emergency services called to the site, or transport by ambulance or other means to an urgent care facility, call 225-6646 or 225-6653.
- C. Documentation of the Administrative Investigation of the incident: The site must complete an investigation of the Accident using the "Accident Investigation Report" form. The Administrator shall ensure it is proper completion and submission to Risk Management within 3 days of the incident
  - a. The Accident Investigation form is the only way the district will be able to track that site administration has been notified of the incident and all the forms were submitted in a timely manner.
  - b. In cases of bodily fluid exposures, the site administration must also complete the "Exposure Incident Investigation Form" which answers the required investigation questions as outlined in the Federal OSHA Blood Borne Pathogen Standard, 29 CFR 1904. This investigation form must be submitted to the Workers' Compensation Office within ten days of the incident.
- D. Whenever possible the Site Administrator shall comply with any modified work duties that are provided to assist the employee in transitioning into pre-injury work duties.
  - a. If the employee receives medical treatment, the employee MUST provide the site with a work status form after each physician's visit.
  - b. The site must check the work status and make accommodations if needed.
  - c. If unable to develop a transitional work assignment at the site, the site must contact the Workers' Compensation Office, 225-6646, for assistance for placement in a transitional work assignment
  - d. The district will make every reasonable effort to provide accommodated transitional work, but a placement is not guaranteed.

**DEFINITIONS** for terms used on these instructions and forms:

The term **Accident Investigation Report** is the form developed by the district for use by Workers' Compensation and Risk Management for Loss Prevention, and to obtain site administration signatures for the purpose of Risk Management that the site is aware of the employee making a claim against the district. (Signing the Accident Investigation Report form does not indicate a validation of the claim, but merely an acknowledgment of the claim.)

1. The term **Accommodation** during an active industrial injury case shall mean lessening of work duties that cause the employee to exceed the restrictions placed upon the employee by the workers' compensation treating physician. Accommodation can be accomplished by assigning an injured employee to another area to assist in other employees' regular duties; assigning some of the work to other co-workers of the same type of duties and classification while accepting lighter work from the co-worker while still meeting the restrictions; or assigning the injured employee to another department where the accommodations can be accomplished. For example, Custodians can be used for other duties other than custodial work. In the same sense, Teachers can be used for clerical duties if necessary to accommodate the restrictions. Accommodations are considered as transitional work to rehabilitate the worker back to the original job duties. Permanent restrictions, when the insured's case is being closed, should be referred to Human Resources for the possibility of an ADA Accommodation (American with Disabilities Act).
2. The term **Carrier** refers to the insurance carrier for workers' compensation insurance for Arizona workers. The district's workers' Compensation Carrier is The Arizona School Alliance for Workers' Compensation, Inc. The Claims Administrator's name and address should be listed when being ask for the name and address of the Carrier.
3. The term **Claims Administrator** refers to the business firm with whom the district has a current contract to administer claims adjusting, bills and services payments, and loss of earnings payments for the employees of TUSD. As of July 2014, The Arizona School Alliance for Workers' Compensation, Inc is the Claims Insurer. Their phone number is in the Implementation section B-4, on the Workers' Comp. website, the WC Memos to be given to each injured employee, and the WC insurance information cards.
4. The term **Contracted Clinic** refers to the occupational medical clinics with which the district has a working agreement for services, discounts, and a close, daily working relationship. All medical treatment is provided by strict medical procedures and practices as licensed and without dictation from the district. Services include occupational medical treatment, DOT physicals, fitness-for-duty exams, post offer physicals, other various types of physicals required by the law and by the district.
5. The term **Employer's Report of Industrial Injury** is the form approved by the Industrial Commission of Arizona for reporting on-the-job illnesses, injuries, or fatalities. This form is now being prepared by The Alliance On Call Triage Nurse when the employee calls the call line at 1-888-252-4689
6. An **Exposure Incident Investigation Form** was developed by the Workers' Compensation Office to assist Site Administration in conducting an investigation of a bodily fluid exposure. The Federal OSHA Blood borne Pathogen Standard requires that several questions be answered regarding an exposure incident. The Standard requires that a supervising administrator be designated as the Exposure Control Officer to conduct investigations. The site administrator for on-the-job illnesses and injuries is considered the Exposure Control Officer at each site for district purposes. (The employee is required to complete the "Report of Significant Work Exposure to Bodily Fluids" form as required by Arizona State Workers' Comp Laws.)

7. The term **Official Site Contact** refers to the person or persons at a site to whom employees are required to report all work-related illnesses, injuries, or incidents; or through whom a fatality is to be reported. Telling a co-worker is not proper reporting. Usually the Principal, Assistant Principal and the Office Manager or Administrative Assistant is the contact persons.
8. The term **On-The-Job** means “in the course of or arising out of the employment.” The incident happened while in the course of the employment (performing job duties); resulted from agents unique to the work environment; or happened on the premises that the employee must use to enter or exit for work.
9. The **Report of Significant Work Exposure to Bodily Fluids** form is designed and required by the State of Arizona’s Industrial Commission. It is an investigation form to answer certain questions not already addressed on the “Employer’s Report of Industrial Injury” form. It is designed as an investigative tool to be utilized by the employee. It must be completed and submitted within ten days of the incident. The form indicates other time guidelines for testing. Although it is the employee’s responsibility to obtain the form and complete the form, TUSD asks that each site make the form available to help protect the district from the filing of Bad Faith claims. Please document that you have given the form to the employee and when.
10. The term **Reporting Process** refers to a written outline of the directions to report, to whom to report and what the required follow-up is for all incidents of on-the-job illnesses or injuries.
11. The term **Transitional Work** shall refer to restricted work, light duty, accommodations, or limited duty, etc., which allows the employee rehabilitation time back to the regular job duties. (See #2-Accommodation, above)
12. The **Transitional Work Confirmation** form is the form used to notify the Workers’ Comp Office that the transitional work process has been addressed, when the employee began transitional work, or if not, why. When the employee is returned to regular work, the return to full duty space can be completed and a copy of the confirmation can be sent to the Workers’ Comp Office.
13. The **Transitional Work Contract** is the form which addresses the restrictions and the tasks that are assigned to the injured worker. The form is signed by both the employee and the employer. This will ensure that both parties understand the nature of the restrictions and the tasks to be performed. The tool allows the employer to issue clearly stated direction of which the employee should not violate. As restrictions get less a line can be drawn and duties added or reformed.
14. The term **Work-Related** means “in the course of or arising out of the employment.” (See #9-On-The-Job, above)
15. The term **Work Status** refers to a paper form which describes the type of job duties by which the employee is allowed to work. The WS may state no work, unable to work until further notice, off work; may work with the following restrictions, light duty as follows, is restricted to a lift, push or pull weight limit, restrictions on amount of walking or standing, must wear braces or other orthotic equipment, elevate as necessary, limited to half days or partial days; or the WS may indicate that there is no restrictions or regular work. The WS should not just simply state the employee has been seen, except in cases of physical therapy, laboratory or diagnostic appointments, or certain exams requested by the claim adjuster for discovery

purposes. The WS should be on proper medical stationary and signed or otherwise issued by the treating physician or referred specialist. If you need assistance please call the TUSD Workers' Compensation Office rather than the physician.

16. The term **Workers' Compensation Memos** refer to two memos that explain to the employee who the current Claims Administrator is, the district address for workers' compensation correspondence and reports, useful names, addresses and phone numbers, and how the employee will be paid when missing time from work as directed by the work status.

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