

	<p>City of Albany Human Resources Policy Policy #: HR-SF-03-002 Title: Reporting On-The-Job Injuries and Unsafe Conditions</p>	Safety
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Purpose This policy is meant to provide employees and management staff with the requirements for reporting on-the-job injuries and/or unsafe conditions.

Policy **REPORTING INJURY OR UNSAFE CONDITIONS**

Employee Responsibilities

Employees are to report unsafe/hazardous conditions or other circumstances that may result in injury to the employee, co-worker, or public, or damage to equipment or other property, to their supervisor immediately. Failure to do so may delay the correction of unsafe conditions and may result in disciplinary action to the employee who failed to report such conditions.

Every on-the-job injury regardless of its nature or extent should be reported within a reasonable time to your supervisor. The reporting procedure is the responsibility of each individual and his/her supervisor. Failure to comply with this policy may result in a delay in establishing a valid worker’s compensation claim. It may also delay the correction of an unsafe condition.

The employee should complete the employee section of the “Safety Incident Report” and submit it to his/her supervisor prior to the end of the shift in which the incident occurred whether or not the employee is filing a Worker’s Compensation claim. A Report of Injury or Illness (801) Form needs to be completed if the employee seeks medical attention. See Workers Compensation section for instructions.

Supervisor Responsibilities

The supervisor investigates incidents in order to establish what happened and if the cause of the incident can be corrected to eliminate potential hazardous conditions and, if an injury occurred, a recurrence. The supervisor completes the “Supervisor” section of the “Safety Incident Report.”

Each department determines the applicable management reviewing procedure for Safety Incident Reports.

The supervisor or their designee submits a copy of the Safety Incident Report to the Human Resources Department within 48 hours of the occurrence. The report must be complete and signed by all parties prior to submission.

If the injury results in an overnight hospital stay, the supervisor notifies the Human Resources Department within eight hours of the incident or the next business day. The department director or their designee or the Human Resources Department will notify Oregon Occupational Health and Safety Administration (OR-OSHA) within eight (8) hours if the incident results in a fatality or catastrophe (multiple injuries) or within 24 hours if the incident results in an overnight hospital stay. OR-OSHA

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contact number **1-800-922-2689**.

Safety Committee Responsibilities

The Department Safety Committee reviews all Safety Incident Reports for the prior month at their monthly committee meeting. The committee evaluates the root cause of the incident and makes recommendations to the department on how to eliminate future occurrence.

The Safety Committee Chair will complete the safety committee section of the Safety Incident Report and return it to the appropriate supervisor for evaluation. The department designee forwards the completed report to the Human Resources Department.

WORKERS' COMPENSATION

Procedure for Filing 801 (When Receiving Medical Attention)

When a City employee is involved in an on-the-job incident and does not immediately need medical attention or there is no apparent injury at that time, no 801 Claim Form is filed. If at a later date an injury manifests itself as a result of the incident, the 801 form shall be completed and the injury date on the claim form will reflect the actual date of injury.

Worker's Section

If the employee is injured and receives medical treatment or the injury results in time off from work, the employee must complete the Worker's Section of the 801 Form within a reasonable time. This form is available on the Internet, Intranet or can be obtained from the Human Resources Department.

Employer's Section

The Human Resources Department will complete the employer's section of the 801 form.

The City has five days from the date of injury to submit the claim form to our worker's compensation carrier.

Claims Processing

When the 801 Form is received by the City's worker's compensation carrier, the claim will be opened and assigned a claim number pending approval or denial which may be determined through an investigation. The City's worker's compensation carrier may investigate all claims and either approve or deny them within 60 days of receipt.

The City's workers' compensation carrier has 14 days from the date of injury to pay any time loss by the employee even though the claim approval is still pending.

	<p>City of Albany Human Resources Policy Policy #: HR-SF-03-002 Title: Reporting On-The-Job Injuries and Unsafe Conditions</p>	Safety
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An employee with an accepted worker’s compensation claim and who is prevented from performing their normal duties due to a work-related compensable illness or injury shall be compensated in compliance with ORS 656.262(4)(b) and the applicable Oregon Administrative Rules. This compensation shall be in lieu of time loss payments from the City’s worker’s compensation provider and shall be at the same rate as the employee’s normal rate of pay. The City shall compensate employees eligible to receive this benefit for a maximum of 90 calendar days in this manner. At the conclusion of or during this 90-day period at the City’s discretion, the eligible employee may be required to have their sick leave benefit coordinated with their worker’s compensation benefits. Employees who are offered light-duty assignments that comply with their limitations as provided by their treating physician must accept that assignment, or compensation under this provision will not be paid.

The employee must notify the Human Resources Department no later than three (3) work days after being released by his/her physician of their availability to return to work with or without restrictions. Failure to notify the Human Resources Department may result in loss of reemployment rights. Return to work medical releases with light-duty restrictions will be considered by the City. When the employee chooses not to return to work upon release for work by his/her physician or fails to notify the Human Resources Department of their availability within three (3) work days of the employee’s release or fails to follow reinstatement requirements, will result in the employee’s discharge from the City.

Federal Family Medical Leave will run concurrently with a work-related injury or illness time loss.

OSHA 300 Logs

Each department is required to maintain an up-to-date OSHA 300 log for the current calendar year. The form may be accessed via OSHA’s website at www.osha.oregon.gov. This log incorporates applicable injuries for employees, temporary service and specific volunteer workers who we supervise on a day-to-day basis. A copy of the completed summary log (OSHA 300A) for the preceding calendar year must be posted in a conspicuous place from February 1 – April 30. The original form is sent to the Human Resources Department.

Temporary Service Workers

The Department of Insurance and Finance states that all employers who contract for temporary services now have the responsibility of making the appropriate entries on the OSHA 300 log when a temporary service worker is injured or develops an occupational disease. The department requests an 801 Form from the applicable Temporary Agency each time a Temporary Service Worker becomes injured or ill due to work-related causes. The department retains a copy of the Worker’s report of the 801 Claim Form.

	<p>City of Albany Human Resources Policy Policy #: HR-SF-03-002 Title: Reporting On-The-Job Injuries and Unsafe Conditions</p>	Safety
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Additionally, the City will be responsible for keeping track of the days of time loss, light-duty work, etc., on the OSHA 300 log. However, the City only need count these days for the period of time of estimated use. For instance, the City requested a worker for a period of 14 days and the worker is injured on the fifth day of work and goes into a time loss situation, the City need only count nine days of time loss regardless of how long the worker is off after the 14th day.

Definitions

Time Loss – Results when an employee’s doctor states the employee is unable to work due to an on-the-job-injury.

References

Occupational Health and Safety Administration
Refer to specific collective bargaining agreements
Safety Incident Report

Review and Authorization

Supercedes HR-SF-03-001; 11/1/2004	Created/Amended by/date DS; 11/17/2016	Effective Date 11/20/2016
HR Director	City Manager	

1. Form or worksheet revision related to this document? No Yes

If yes, attach a copy of the revised form or worksheet.

2. Training required? No Yes