

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION



SUBJECT:	PAGE <u> 1 </u> OF <u> 8 </u> .
Employee Accident Reporting and Analysis	NUMBER: 10-SAF-15
RULE/CODE REFERENCE: OAC 4167-06	SUPERSEDES: 10-SAF-15 dated 03/29/12
RELATED ACA STANDARDS:	EFFECTIVE DATE: December 14, 2015
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish a standardized method of accident reporting and claim analysis for staff accidents, injuries, and/or work-related illnesses and to establish guidelines and procedures for managing worker's compensation claims.

III. APPLICABILITY

This policy applies to all staff or those individuals under contract as full or part-time contractors within the Department of Rehabilitation and Correction. This policy is only applicable to private prison employees that are injured while at the Corrections Training Academy.

IV. DEFINITIONS

The following definitions apply to all accident reports:

Employee – Any person listed on the civil service payroll of the Department of Rehabilitation and Correction.

Fraud – An intentional act or series of acts committed to unlawfully receive workers' compensation benefits.

Horseplay – Any unprofessional behavior and/or inappropriate conduct (verbal or nonverbal) that deviates from the regular course of business activity.

Managed Care Organization – The designated business entity that, pursuant to a state contract, reviews, approves and monitors all medical treatment received by employees on workers' compensation.

Third Party Administrator – The designated business entity that, pursuant to a state contract, manages workers' compensation claims of the Department including, but not limited to, attending hearings on behalf of management.

The following definitions apply only to reports required for the Public Employee Risk Reduction Program:

Contaminated Needlesticks/Sharps/Cuts – This category (agent description) of injuries requires additional reporting procedures to be followed that include the completion and submittal of the Sharps Injury Form Needlesticks Report to the Bureau of Workers Compensation – PERRP division. This category shall be defined as all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs, other materials potentially infected with HIV, HBV, or other pathogens such as laboratory cultures).

Days Away Cases or Day Counts – The number of calendar days an employee is unable to work, including weekend days, holidays, vacation days, etc. Day counts are to be capped at 180 days away and/or days restricted and also day counts are discontinued if an employee leaves the agency for a reason unrelated to the injury or illness. The day of the injury is not to be included with an employee's day count.

Hearing Loss Cases (recordable) – Effective January 1, 2004, record all work-related hearing loss cases where: an employee has experienced a Standard Threshold Shift (STS), and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero [averaged at 2000, 3000, and 4000 hertz (Hz)] in the same ears as the STS. Hearing loss cases are to be recorded on the date of diagnosis.

Injury Code Level

- 0- **No Treatment** – No first-aid or medical treatment necessary.
- 1- **First-Aid Only** – Using nonprescription medication at nonprescription strength; tetanus immunizations; cleaning, flushing, or soaking surface wounds; wound coverings, butterfly bandages, Steri-Strips; hot or cold therapy; non-rigid means of support, temporary immobilization device used to transport accident victims; drilling of fingernail or toenail, draining fluid from blister; eye patches; removing foreign bodies from eye by irrigation or cotton swab; removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means, finger guards, massages, drinking fluids for relief of heat stress.
- 2- **Medical Treatment Beyond First Aid** – The management and care of a patient to combat a disease or disorder. It does not include visits to a Properly Licensed Health Care Provider solely for observation or counseling, diagnostic procedures, or first aid.

Job Transfer – When an injured or ill employee is assigned to a job other than his or her regular job for part of the day. Cases are PERRP recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day.

Musculoskeletal Disorder or MSD - Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: carpal tunnel syndrome, rotator cuff syndrome, De Quervian's disease, trigger finger, tarsal tunnel syndrome,

sciatica, epicondylitis, tendinitis, Raynaud's phenomenon, carpet layers knee, herniated spinal disc, and low back pain.

Public Employer Risk Reduction Program (PERRP) – A division of the Bureau of Worker's Compensation that provides assistance to Ohio public employers/employees in creating safe and healthful work environments.

Privacy Case – An injury or illness to an intimate body part or the reproductive system; An injury or illness resulting from a sexual assault; a mental illness; HIV infection, hepatitis, or tuberculosis; needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious materials as defined by OSHA 1910.1030; any other illnesses, if the employee voluntarily requests that his or her name not be entered on the Log of Work-Related Injuries and Illnesses (form 300P).

Restricted Work Cases – Restricted work activity exists if the employee is unable to work the full workday he or she would otherwise have been scheduled to work or unable to perform one or more routine job functions. An employee's routine job functions are those activities the employee regularly performs at least once per week.

Significant Diagnosed Injury or Illness – The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP: cancer, chronic irreversible disease, punctured eardrum, fractured or cracked bone or tooth.

Temporary Worker – For the purposes of this policy, the definition of a temporary worker that sustains an injury or illness that is PERRP recordable is any temporary worker that is supervised by a public employer.

Transitional Work Program - An individualized and progressive work hardening program that assists employees with temporary restrictions to gradually transition back to unrestricted duty in ninety (90) days or less.

Travel Status – Any injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to have active visible leadership by senior management with accident reporting and claims analysis arising from our daily business operation. All accident data regarding Departmental staff shall be promptly reported, investigated, and maintained as set forth in this policy for the purposes of identifying potential trends and implementing measures to prevent reoccurrences of unsafe practices in the workplace.

VI. PROCEDURES

A. Injured/Ill Staff Reporting Procedures

1. In an emergency or life-threatening situation, the affected staff must first seek medical care. For all non-emergencies, the employee shall immediately report the injury to his/her

supervisor. If the injury occurs at the Corrections Training Academy, the supervisor is the instructor conducting the class. The injured employee shall also complete the Employee Injury/Illness Report (DRC1796E) and the required Incident Report (DRC1000) by the end of the business day in which the injury occurs and electronically submit it to his/her supervisor. A significant diagnosed injury or illness, as defined by this policy, shall be reported in the same manner. Whenever possible the injured/ill employee shall personally contact (e.g. via telephone) the supervisor they have forwarded the report to and ensure the supervisor is knowledgeable of a report being completed.

2. In cases where emergency or outside medical treatment is necessary, an injured employee is required to either submit a completed Employee Injury/Illness report (DRC1796E) or complete the BWC First Report of Injury (FROI) form and submit it to his/her supervisor within 24 hours of treatment or as soon as medically possible. The supervisor shall accept a hard copy, signed version of the report when the employee is not able to complete the form electronically. In such cases, the supervisor shall enter the form information into the electronic format and forward the original hardcopy form to personnel for maintenance in the personnel file. The Personnel Office shall ensure that injured/ill employee signatures' are obtained as soon as possible after all forms are completed. The injured employee shall also notify the treating healthcare provider of the Department's Transitional Work program.
3. In all cases, the employee's supervisor shall be responsible for ensuring that the Employee Injury/Illness report (DRC1796E) is completed within the required timeframes.
4. Each facility shall ensure all staff has access to a computer and assistance, when necessary, in order to complete and electronically submit the Employee Injury/Illness Report (DRC1796E). Generic user ID's (Appendix A) are available for any employee that does not have an online forms account. For any staff member who does not possess an electronic signature on file, the employee shall continue through the electronic injury reporting process and the Personnel Department shall be responsible for obtaining the staff member's signature on a hard copy. The hard copy must be maintained in the injured employee's personnel files.
5. Employers are prohibited from entering an individual's name on the Log of Work-Related Injuries and Illnesses (Form300P) for types of injuries/illnesses that are considered to be a privacy case. If an injured/ill employee would like their name excluded from the Log of Work-Related Injuries and Illnesses form, he/she shall check the "Employee Privacy Case" box in their section of the Employee Injury/Illness Report (DRC1796E) form.
6. The employee's failure to comply with the injury/illness reporting requirements in this provision could result in the rejection of the claim, an administrative hearing before the Industrial Commission of Ohio, and/or disciplinary action.

B. Reporting Procedures for Supervisors of the Injured Employee

1. Upon acknowledgement of an employee being injured, the injured employee's supervisor shall immediately take appropriate measures to remove unsafe conditions or hazards.

2. The supervisor shall conduct an investigation, including taking witness statements, and complete the supervisor's section of the Employee Injury/Illness Report (DRC1796E). The supervisor shall electronically forward the Employee Injury/Illness Report (DRC1796E) to the Safety and Health Coordinator by the end of the business day in which the injury is reported by the employee. Additionally, the supervisor shall personally contact (e.g., via telephone) the Safety and Health Coordinator and institution Personnel Officer that they forwarded the report to and ensure each is knowledgeable of a report being completed.

C. Reporting Procedures for Safety and Health Coordinators

1. Upon receiving the Employee Injury/Illness Report (DRC1796E) from the supervisor, the Safety and Health Coordinator shall review and ensure both the employee's and supervisor's sections of the report are properly completed.
2. Utilizing the completed information from both the injured employee and supervisor's sections of the Employee Injury/Illness Report (DRC1796E), the Safety and Health Coordinator shall complete the Safety and Health statement section within 24 hours of receiving the report. In cases where an Employee Injury/Illness Report is submitted during the Safety and Health Coordinator's absence, the Safety and Health Coordinator's back-up or supervisor shall complete the Safety and Health statement section within 24 hours of receiving the report.
3. Each injury and/or illness shall be classified as follows: 1 – Injury, 2 – Skin disorder, 3 – Respiratory condition, 4 – Poisoning, 5 – Hearing loss, 6 – Other illness. These classifications shall be entered in the Safety and Health Coordinator's section of the Employee Injury/Illness report (DRC1796E).
4. The Safety and Health Coordinator shall ensure the Sharps Injury Form Needlestick Report (BWC6611) is completed for applicable injuries (see definition of contaminated Needlesticks/sharps/cuts). The form shall automatically be prompted upon completion of the Safety and Health Coordinator's section of the Employee Injury/Illness Report (DRC1796E). The Health and Safety Coordinator must work with their facility health care staff to ensure all information is properly completed on the Sharps Injury Form Needlestick Report (BWC6611). Completed Sharps Injury Form Needlestick Report forms shall be saved into the injury reporting system and the Safety and Health Coordinator must submit a copy to the BIASC Safety and Health Program Consultant. BIASC shall review all reports and forward completed reports to the Public Employee Risk Reduction Program division of BWC and to the DRC Infection Control Manager in the Bureau of Medical Services.
5. In addition to completing the information required on the Employee Injury/Illness Report (DRC1796E) and any other required forms, the Safety and Health Coordinator shall make sure the supervisor's investigation has been completed and appropriate corrective actions taken to prevent future injuries and/or illnesses are implemented.

6. The Safety and Health Coordinator shall also ensure the privacy case box is checked in the Safety and Health Coordinator's section of the Employee Injury/Illness Report (DRC1796E) in applicable cases as defined in this policy.
7. In cases where injuries occur at the Corrections Training Academy or a parent institution different from the injured employee's work location, the Safety and Health Coordinator from the employee's parent institution shall consult the CTA or other parent institution's Safety and Health Coordinator in completing the Employee Injury/Illness Report (DRC1796E). Likewise, state employee injury cases at private institutions (NCCI, LaECI) shall be handled by the employee's parent institution or Operation Support Center Safety and Health Coordinator whom shall consult the private institution's Safety and Health Coordinator for any information necessary to complete the Employee Injury/Illness Report (DRC1796E).

D. Reporting Procedures for Institution Personnel Officer

1. Upon receiving the Employee Injury/Illness Report (DRC1796E) from the Health and Safety Coordinator, the institution Personnel Officer shall review the completed sections of the report. Utilizing the completed information from the injured employee, supervisor, and safety and health sections of the Employee Injury/Illness Report (DRC1796E), the institution Personnel Officer shall complete their section within 24 hours of receiving the report.
2. Each injury and/or illness reported on the Employee Injury/Illness report (DRC1796E) shall be given an Injury Code Level of 0 – No first-aid or medical treatment necessary, 1 – First-Aid only, and 2 – Medical Treatment Beyond First-Aid (PERRP reporting required for Staff). These injury code levels shall be entered in the Institution Personnel Officer's section of the Employee Injury/Illness Report (DRC1796E).
3. Due to the nature of personnel related information (e.g., job restrictions, return to work, occupational injury leave) the institution Personnel Officer must ensure information is continually updated and completed within the Employee Injury/Illness Report (DRC1796E) system. Specific information related to the description of work restriction cases, job transfers, day count procedures, etc. are provided in the definitions section of this policy.
4. The institution Personnel Officer shall not complete the Personnel section of the Employee Injury/Illness Report (DRC1796e) for contractor generated reports.

E. Eligibility for Workers' Compensation

1. Any employee sustaining a diagnosable injury or contracting an occupation disease during his/her approved workings hours and, while engaged in authorized work activity, is eligible to file an application for workers' compensation.
2. If there is reasonable suspicion an injury claim should not be covered by workers' compensation, such injury claim shall be contested by the Department before the

Industrial Commission. Reasonable suspicion concerning an injury includes, but is not limited to, the following circumstances:

- a. Fraud;
 - b. Horseplay;
 - c. A purposely self-inflicted injury;
 - d. Injury inflicted from an unknown source; or
 - e. Intoxication - An employee found to be under the influence of drugs (including the misuse of prescriptive drugs) or alcohol at the time of a workplace injury shall have the burden of proving the consumption of drugs (including the misuse of prescriptive drugs) or alcohol was not the proximate cause of the injury. Employees shall be subject to a reasonable suspicion testing as outlined in Department Policies 31-SEM-03, Drug-Free Workplace, and 31-SEM-04, Employee Random Drug Testing, and respective union contracts.
3. Recreational/Social Activity Waivers
- a. An employee shall be required to waive workers' compensation coverage prior to participating in a social activity or recreational program sponsored by the Department. Such waivers shall be documented on the Bureau of Workers' Compensation waiver form (BWC1286) and this shall be maintained in the employee's personnel file. An employee's refusal to sign a waiver shall result in the employee's exclusion from the social event or recreational program.
 - b. Employees must complete and sign a Bureau of Workers' Compensation Waiver Form (BWC1286) prior to using any gym or recreational area of the Department during non-working hours for personal use. Waiver forms shall be maintained in the employee's personnel file. Employees refusing to sign either waiver shall not be permitted to use the gym or recreational area.

F. PERRP and DRC Reporting Requirements

1. The automated injury reporting system will automatically generate the Log of Work-Related Injuries (300P), Summary of Work-Related Injuries and Illnesses (300AP), and the DRC Staff Injury Report.
2. The Safety and Health Coordinator shall print and provide the Log of Work-Related Injuries (300P) and the DRC Injury Report to the Health and Safety Committee during their quarterly meeting for the purposes of the committee conducting an accident and injury prevention trend analysis. This analysis shall be conducted for purposes of identifying potentially dangerous and/or unsafe work practices and formulating corrective actions that the facility can implement to prevent future re-occurrences of such unsafe work practices. The Health and Safety Committee shall document all accident analysis activities in their meeting minutes.
3. The Safety and Health Coordinator shall print the Summary of Work-Related Injuries and Illnesses (300AP) and post this report from February 1 to April 30 of each year in a location that is accessible and visible to all employees. The Bureau of Agency Policy and Operational Compliance/designee shall also ensure this report is submitted for all

facilities to the Bureau of Workers Compensation – PERRP division each year as required.

G. Claims due to Reckless/Negligent Behavior and Fraudulent Claims

1. When the workers' compensation claim results from the injured worker's violation of Departmental policy or is due to negligent/reckless behavior, then the employee may be subject to disciplinary action up to and including termination.
2. No employee shall knowingly make any false or misleading statement(s) and/or alter, falsify, destroy or conceal any document in order to be eligible to receive workers' compensation. When fraud has been proven, such conduct shall be subject to disciplinary action, up to and including termination and criminal prosecution.

Related Department Forms:

Incident Report	DRC1000
Employee Injury/Illness Report	DRC1796E
Bureau of Workers' Compensation Waiver Form	BWC1286
Sharps Injury Form Needlestick Report	BWC6611
Log of Work-Related Injuries and Illnesses	Form 300P
Summary of Work Related Injuries and Illnesses	Form 300AP

Appendix A

DRC1796ACI	--	Allen Oakwood Correctional Institution
DRC1796Akr	--	Akron Region
DRC1796BeCI	--	Belmont Correctional Institution
DRC1796CCI	--	Chillicothe Correctional Institution
DRC1796Chi	--	Chillicothe Region
DRC1796Cin	--	Cincinnati Region
DRC1796Cle	--	Cleveland Region
DRC1796CMC	--	Franklin Medical Center
DRC1796CO	--	Operation Support Center
DRC1796Col	--	Columbus Region
DRC1796CRC	--	Correction Reception Center
DRC1796CTA	--	Corrections Training Academy
DRC1796DCI	--	Dayton Correctional Institution
DRC1796DPCS	--	Division of Parole and Community Services
DRC1796GCI	--	Grafton Correctional Institution
DRC1796HCF	--	Hocking Correctional Facility
DRC1796LaECI	--	Lake Erie Correctional Institution
DRC1796LeCI	--	Lebanon Correctional Institution
DRC1796Lim	--	Lima Region
DRC1796LoCI	--	London Correctional Institution
DRC1796LorCI	--	Lorain Correctional Institution
DRC1796MaCI	--	Madison Correctional Institution
DRC1796ManCI	--	Mansfield Correctional Institution
DRC1796MCI	--	Marion Correctional Institution
DRC1796NCCI	--	North Central Correctional Institution
DRC1796NCI	--	Noble Correctional Institution
DRC1796NEPRC	--	Northeast Pre-Release Center
DRC1796OPI	--	Ohio Penal Industries
DRC1796ORW	--	Ohio Reformatory for Women
DRC1796OSP	--	Ohio State Penitentiary
DRC1796PCI	--	Pickaway Correctional Institution
DRC1796RCI	--	Ross Correctional Institution
DRC1796RiCI	--	Richland Correctional Institution
DRC1796SCI	--	Southeastern Correctional Institution
DRC1796SOCF	--	Southern Ohio Correctional Facility
DRC1796TCI	--	Trumbull Correctional Institution
DRC1796ToCI	--	Toledo Correctional Institution
DRC1796WCI	--	Warren Correctional Institution