# DEPARTMENTAL STANDARD OPERATING PROCEDURE MIAMI-DADE AVIATION DEPARTMENT

**DSOP No. 08-02** 

EFFECTIVE: February 13, 2009

**SUBJECT: Workers' Compensation Accidents** 

**PURPOSE AND SCOPE:** To establish a Departmental policy and procedures for the reporting, investigating, and the initiation of disciplinary action relating to workers' compensation accidents. Failure of the employee to report employee injury/illness and follow this policy could result in benefits being denied.

#### I. AUTHORITY

- A. Florida Statutes, Chapter 440, Workers' Compensation Law
- B. Chapter 25 Code of Miami-Dade County, Aviation Department Rules and Regulations.
- C. <u>AO No. 7-29</u> Alcohol and Drug Screening for County Employees Based Upon Reasonable Suspicion
- D. DSOP 02-02 Return-to-Work (RTW) Program

#### II. DEFINITIONS

- A. Authorized Care Center A medical facility designated by Miami-Dade County authorized to provide initial, non-critical care to a Miami-Dade County injured worker.
- B. Authorized Treating Physician A physician who is authorized by Miami-Dade County to treat workers' compensation injuries.
- C. County Miami-Dade County.
- D. Designated Testing Site A site designated by the County, currently Mount Sinai Medical Center, as the location for drug and alcohol testing. Address: Mount Sinai Medical Center, Lowenstein Building, Occupational Health Center, First Floor, 4304 Alton Road, Miami Beach, FL; Phone: 305-674-2312; Hours: Monday Friday, 8 AM to 4:30 PM. If testing is needed after hours or on weekends, employees are to report to: Mount Sinai Medical Center, Emergency Room, Charge Nurse, for drug and alcohol testing.
- E. Employee Any person engaged in employment by the Miami-Dade County Aviation Department.
- F. GSA Risk Management The Department of General Services Administration, Risk Management Division.
- G. GSA Office of Safety The Department of General Services Administration, Risk Management Division, Office of Safety.

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- H. Injury Log Log used to track employee injuries that do not require medical attention by a doctor or medical facility/hospital.
- I. MDAD Risk Management The Miami-Dade Aviation Department (MDAD), Human Resources Division, Risk Management Unit.
- J. Non-Serious Injury An injury that does not require the need for transportation to a medical facility/hospital.
- K. Return-to-Work Program A MDAD program which enables full time Aviation employees recuperating from an illness or injury and temporarily unable to perform their normal duties to return to work in a restricted duty capacity.
- L. Serious Injury An injury that involves death or bodily injury to any employee and requires transportation of the employee to a medical facility/hospital.
- M. Teleclaim The County's mandated 24-hour telephone service (1-877-632-7475) for reporting all employee injuries that require medical attention. Teleclaim is available 24 hours per day/7 days per week.
- N. Work Status Report A form given to the injured employee after each visit with an authorized treating physician.
- O. Workers' Compensation Adjuster An employee of the County's Department of General Services Administration, Risk Management Division, Workers' Compensation Unit, who manages the claim of the injured worker.

#### III. POLICY

- A. All MDAD employees who are injured or become ill as a result of performing job duties that are within the course and scope of their employment will be provided Workers' Compensation benefits in accordance with Florida Statutes, Chapter 440.
- B. Testing for prohibited drugs and alcohol will be conducted in the case of both serious and non-serious accidents. The Miami-Dade GSA Supervisor's Investigation Report of Employee Job Injury or Illness (Form 160-05-11B, Annex A) must be completed and forwarded to GSA Risk Management within 48 hours of the accident. (Instructions for completing the Supervisor's Report are attached to the form.)
  - 1. <u>Serious Accidents</u> Employees must be tested, at the County's Designated Testing Site, as soon as practicable following an injury/accident involving the loss of human life or transportation to a medical facility/hospital.
  - Non-serious Accidents Employees shall be tested, at the County's designated
    Testing Site, as soon as practicable following an accident that does not involve
    the need for transportation to a medical facility/hospital.

### IV. PROCEDURES

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- A. MDAD employees shall report any on-the-job injury/illness to their supervisors immediately.
- B. MDAD Risk Management and GSA Office of Safety shall be notified immediately of any fatality, critical injury, or if multiple employees are injured in one incident.
- C. In the case of non-serious injuries/illnesses, if medical treatment is not necessary, all MDAD employee injuries/illnesses must be reported on a *Miami-Dade GSA First Aid and Minor Injury Log (Form 160.01-41, <u>Annex B</u>) or, If medical treatment is necessary, by calling Teleclaim at 1-877-632-7475.*
- D. Initial medical treatment for non-serious injuries/illnesses must be done at the nearest Miami-Dade Authorized Care Center (Annex C).
- E. Follow-up medical treatment must be authorized by a Worker's Compensation Adjuster through GSA Risk Management.
- F. All employee Workers' Compensation accidents will be presented before the Department's Accident Review Board. The Accident Review Board will make recommendations as necessary.

#### V. RESPONSIBILITIES

## A. <u>Employees</u>:

- 1. MDAD employees shall immediately report any on-the-job injury/illness to their supervisors.
- 2. Shall be responsible for keeping their supervisors and MDAD Risk Management informed of their progress, as it relates to serious or non-serious injury/illness and continued absence or restricted duty, at least once a week or as directed by their supervisor and/or MDAD Risk Management.
- 3. Shall be responsible for keeping all medical appointments, obtaining a work status report from the treating physician and providing it to MDAD Risk Management after each office visit.
- 4. Shall be responsible for arranging, through their Workers' Compensation Adjuster, all subsequent follow-up medical appointments at the beginning or end of a work shift, whenever possible, so as to reduce any adverse affect on departmental operations.
- 5. Shall be responsible for furnishing a copy of all medical reports to GSA Risk Management. A completed *Work Status Report* (obtained from a treating physician) must document all lost time.
- 6. Shall be responsible for complying with the instructions given by the Workers' Compensation treating physician(s).

## B. Supervisors:

- 1. Shall be responsible for reporting an employee injury/illness accordingly:
  - a. <u>First Aid and Minor Injury Log</u> Document the employee's injury/illness on this form if medical treatment is declined by the employee or if the injury is non-serious. Supervisors will keep the *Miami-Dade GSA First Aid and Minor Injury Log (Annex B)* in their records for a period of four (4) years.
  - b. "<u>Teleclaim"</u> Call Teleclaim at 1-877-632-7475 when an employee receives a serious/non-serious injury or is ill and requires medical treatment. You will be given a confirmation number that should be recorded on the *Miami-Dade Supervisor's Investigation Report of Employee Job Injury or Illness"* (Annex A) for reference.
  - c. If the employee has been exposed to any harmful chemicals, blood or bodily fluids while on-the-job, a Miami-Dade Exposure Report (Form 160.01-279, Annex D) must be completed. (Instructions for completing the Exposure Report are attached to the form.) The Miami-Dade Supervisor's Investigation Report of Employee Job Injury or Illness (Annex A) must also be completed.
- 2. Shall be responsible for immediately documenting all Workers' Compensation injuries/illnesses on a *Miami-Dade Supervisor's Investigation Report of Employee Job Injury or Illness* (*Annex A*) and forwarding to MDAD Risk Management within 24 hours from the time the supervisor became aware of the injury/illness.
- 3. Shall be responsible for investigating the scene of the incident and documenting any evidence (including photos and sketches, if applicable). Interview the employee (if available) and any witnesses to the incident.
- 4. Shall be responsible for immediately contacting MDAD Risk Management and the GSA Office of Safety if the employee suffers a serious injury (e.g. unconsciousness, uncontrolled bleeding, heart attack, etc.) requiring immediate treatment at a hospital emergency room. In the case of a non-serious injury, refer employees to an Authorized Care Center for initial medical treatment. Supervisors may not allow employees back to work without getting clearance from MDAD Risk Management or MDAD's Return-to-Work Coordinator.
- 5. If an employee has lost time from work due to an injury/illness, the FDLE *Employer's Supplemental Report of Injury (Form 160.05-13A, <u>Annex E</u>) must be completed when the employee returns to work. Also complete this form each time an employee loses time (e.g. doctor's appointment, physical therapy) due to the same injury. These forms must be submitted to MDAD Risk Management within 24 hours of the employee's return to work and/or doctor's appointment.*
- 6. In case of a fatality, a serious injury, or if multiple employees are injured, the supervisor must immediately notify:

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- a. MDAD Risk Management at 305-876-7777 during regular business hours or at 786-402-0562 after business hours; and
- b. GSA Office of Safety at 305-876-8000 during regular business hours or by pager at 305-880-2400.

# C. MDAD Risk Management:

- 1. Shall be responsible for recording and maintaining files on Employee Workers' Compensation claims.
- Shall be responsible for forwarding all employee injury/illness claim forms and correspondence to the proper Workers' Compensation Claims Adjuster within 24 hours of receipt.
- 3. Shall be responsible for scheduling all Employee Workers' Compensation claims on the agenda of the Accident Review Board.
- 4. Shall be responsible for referring employees to the Return-to-Work Coordinator for possible placement in the MDAD Return-to-Work Program (Annex F Available on the Intranet as DSOP 02-02).

**REVOCATION: None** 

**CROSS REFERENCE: None** 

Original \$igned By:

José Abreu – Aviation Director

Date: 2-13-00

#### ANNEXES:

- A. Miami-Dade Supervisor's Investigation Report of Employee Job Injury or Illness (Form 160.05-11B)
- B. Miami-Dade GSA First Aid and Minor Injury Log (Form 160.01-41)
- C. Miami-Dade Authorized Care Centers (as revised periodically)
- D. Miami-Dade Exposure Report (Form 160.01-279)
- E. Florida Department of Labor and Employment Security (FDLE) Employer's Supplemental Report of Injury (Form 160.05-13A)
- F. MDAD's Return-to-Work Program (Available on the Intranet as DSOP 02-02)