

WCHO		<i>Policy and Procedure</i>	
Department Health and Safety		# of Pages: 6	
Policy Name WORK RELATED INJURIES/ILLNESSES- WCHO STAFF/VISITORS		Type of Policy: [X] WCHO [] Regional [] Network	
Policy Number	Effective Date	Revision Date 6/22/06	Approval Date 7/18/06
Administrative/Board of Directors Sign Off			
Administrative Signature:		Date:	
Board of Directors Signature:		Date:	

I. PURPOSE

To establish a uniform method for reporting and treating injuries and illnesses, consistent with Washtenaw County procedures.

II. APPLICATION

All Washtenaw Community Health Organization employees and visitors.

III. DEFINITIONS

None

IV. POLICY

All work related injuries of employees shall be appropriately treated and satisfactorily documented using the Washtenaw County Supervisor's Report of Accident form found on the county website.

Any WCHO staff that are located at host sites, they shall ensure they also follow any policies required by the host policy. Medical care can be received locally as needed.

Any consumer or guest who is injured in the building shall be appropriately treated and satisfactorily documented using the Washtenaw County Supervisor's Report of Accident form found on the county website.

Any potential hazards noticed within the building or on the building property should be immediately reported by calling the help desk or by submitting a help ticket on the county website. Disciplinary action may result for not reporting if that hazard results in an injury to someone.

All Employees shall ensure that they notify their supervisor of an illness and the symptoms as they relate to respiratory related illnesses. Supervisors shall enter any respiratory related illnesses into the Tracking Database.

V. EXHIBITS

- A. Supervisor’s Report of Accident
- B. Staff Illness Tracking Database Instruction

VI. REFERENCES

- A. MDCH AFP 2002: 2.7.2 Health and Safety

VII. PROCEDURES

WHO

DOES WHAT

A. For Work Related Illnesses

- | | |
|------------|---|
| Employee | 1. Reports the details concerning any work related injury of self, guest or consumer immediately to his/her supervisor. |
| Supervisor | 1. Treats work related injury/illness in a manner appropriate to the severity of the injury/illness as follows: <ul style="list-style-type: none">a. An employee or guest/consumer sustaining an injury/illness that is serious or life threatening shall be taken to the nearest hospital emergency room or call 911.b. An employee or guest/consumer sustaining an injury/illness which is not serious or life threatening shall, if necessary, be given first aid treatment at the program or be taken for treatment to one of the following out patient clinics of Mission Health/Business Health Services:<ul style="list-style-type: none">i. Washtenaw Medical Arts Center
3075 Clark Rd., Suite 200
Ypsilanti, MI 48197
734-712-2376
8am-6pm |

WHO

DOES WHAT

Supervisor

- ii. Maple Health Building
501 N. Maple
Ann Arbor, MI 48103
734-662-5222
8am-8pm
- iii. St. Joseph Mercy Hospital
Emergency and Trauma Center
5301 E. Huron River Dr.
Ypsilanti, MI 48197
734-712-3000
After hours and for severe emergencies

- c. Reports work related injury/illness to both the WCHO Director's Office as the employee or guest/consumer is being transported or upon arrival at the medical facility. If the injury/illness occurs after normal business hours, the verbal report shall be made no later than the beginning of the next business day.
- d. Records all required information on the Supervisor's Report of Accident and forwards to the WCHO Director's Office.

WCHO Director's office
Designee

- 1. Immediately informs the Washtenaw County Human Resources Department of a work related injury requiring hospital or outpatient clinic intervention.
- 2. Forwards the completed and signed Supervisor's Report of Accident Form to designated staff at the Washtenaw County Human Resources Department.

Building Safety Committee

- 1. Reviews reports monthly of all accidents and recommends appropriate remedial and/or preventative actions.
- 2. Ensures all recommendations are implemented. If assistance is needed, forwards conclusions and recommendations to the WCHO Senior Management Team so preventive actions can be taken.

B. When Calling In or Reporting to Work Ill

<u>WHO</u>	<u>DOES WHAT</u>
Employee	<ol style="list-style-type: none">1. Specifically indicates or responds to supervisor's questioning if illness has symptoms of an acute communicable illness related to:<ol style="list-style-type: none">a. Rashb. Respiratory Illnessc. Gastrointestinal Illness <p>*The name of the sick person is not identified- these are tracked only by date, building and by person completing the log.</p>
Supervisor	<ol style="list-style-type: none">1. Records reported communicable illness by type in a central Illness Log at least every two weeks in conjunction with signing time sheets, using the staff Illness Log located in the G drive. (Exhibit B)
Exposure Control Officer	<ol style="list-style-type: none">1. Reviews Illness Log report and works with the Infection Control Committee to provide disease surveillance and necessary follow up.

C. For Reporting Potential Hazards in the Building or on the Property

Employee	<ol style="list-style-type: none">1. Fixes or removes obstacle or potential hazard immediately whenever easily possible.2. If unable to easily fix or remove the hazard, contacts the Help Desk by calling 222-3737 or by completing the form on line using the county website.
----------	--

**WASHTENAW COUNTY
SUPERVISOR'S REPORT OF ACCIDENT**

I. EMPLOYEE DATA

Employee's Name:		Social Security:	
Home Address:			
Home Phone:	Work Phone:	Birthdate:	Date of Hire:
Sex:	Marital Status:	Number of Dependents (not including employee)	
Department / Division:		Physical Work Location:	
Position:		Date in Position:	
Schedule: Hours	a.m. / p.m. To	a.m. / p.m.	Days (Circle) S M T W TH F S

II. SUPERVISOR DATA

Supervisor:	Date Notified by Employee:
Telephone:	Fax:
E-Mail:	

III. ALLEGED INJURY DATA

Date of Injury:	Time of Accident:	Location of Accident:
Nature of Injury (Example: Cut, Fracture, Strain)		
Part of Body Directly Affected (Example: left arm)		
Describe the Events Which Caused the Injury (Detail)		
Unsafe Acts / Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain):		
Comments:		

IV. MEDICAL INFORMATION:

Medical Facility	<input type="checkbox"/> BH: Clark	<input type="checkbox"/> BH: Maple	<input type="checkbox"/> ER - St Joe	<input type="checkbox"/> ER - U of M	<input type="checkbox"/> Other:
If Not One of the Designated Facilities, State Reason:					
Able to Return to Work:	<input type="checkbox"/> Same Day	<input type="checkbox"/> Next Day	<input type="checkbox"/> Other:		
Restrictions:	<input type="checkbox"/> Without Restrictions <input type="checkbox"/> With the Following Restrictions:				

V. SIGNATURES:

Supervisor:	Date:	Department Head:	Date:
-------------	-------	------------------	-------

Return To Human Resources within 24 Hours Following Accident

SCANNED 1/31/03

Staff Illness Tracking Database Instructions

1. Navigate to the G drive Start at “My Computer” to get to G drive, as program is in Microsoft Access.
2. Open folder “!IllnessLog”.
3. Open database. Password is: sick123
4. Click on “Forms” on the left-hand side (if you open Reports or Queries, please don’t make any changes).
5. Open the form “Illness Form”.
6. At the bottom of the screen, advance to a blank report form by clicking on the arrow with an asterisk. Please do NOT write over a report that’s already been entered as that data will be lost. Instead be sure to complete a blank report form.
7. Enter the date the staff person was ill (consecutive report #'s will be generated automatically).
8. Choose appropriate acute illness type (noting not all illnesses need to be recorded, if they don’t fit):
 - a. Respiratory = Fever, cough, sore throat, runny nose, eye infection and/or pneumonia. Do not report persons with symptoms due solely to chronic allergies or asthma.
 - b. Gastrointestinal = Nausea, vomiting, and/or diarrhea.
 - c. Rash = Infectious (such as chickenpox/smallpox, measles-like, Fifth Disease. Do not report poison ivy, skin sensitivities, or chronic skin conditions).
 - d. Other illnesses such as back pain or migraine headaches are not reported in this database.
9. Choose the ill staff person’s department and work site.
10. In the “Comments” section, you could add information like “confirmed influenza” or “Chickenpox” if that is known.
11. If you want to report another illness, click the arrow with the asterisk at the bottom of the report form.
12. If you are done, close the form and database with the “X” in the upper right-hand corner. You do not need to save anything.
13. Contact Susan Cares, Infection Control Officer, with any questions (Susan Cares, 544-3082 or caress@ewashtenaw.org). Thank you!