

Reporting and Record Keeping of Injuries

AP 3-1

PURPOSE

- 1.0 To establish uniform reporting guidelines for incidents involving Montgomery County Government employees, property, or equipment.
- 1.1 To provide guidance on the proper method of documenting and reporting of accidents, injuries, illness, and property damage.

DEFINITIONS

- 2.0 Employer's First Report of Injury form - The form is required by the State of Maryland for the reporting of work-related injuries or illnesses. The form is also required to establish a workers' compensation claim with Montgomery County.
- 2.1 Motor Vehicle Accident Notice/ Liability Accident Notice - The form is used to report motor vehicle accidents and liability incidents, e.g. damage to County property.
- 2.2 Supervisor's Incident Investigation Report (SIIR) - The form utilized by the County for maintaining statistical data regarding accidents, injuries, and illnesses, which involve County employees.
- 2.3 Risk Management - A Division of the Department of Finance of Montgomery County assigned to provide protection against loss of assets arising from property and casualty incidents and to maintain a safe environment for County personnel and members of the public in County facilities.
- 2.4 Claims Service Contractor - A contractor of Montgomery County that is responsible for processing and investigating all claims for damages made against the County.
- 2.5 Managed Care Contractor - A Contractor of Montgomery County that is responsible for the County's 24-hour telereporting service and Managed Care Program.
- 2.6 Safety Section - A section of the Risk Management Division responsible for the occupational safety and health of County employees.
- 2.7 Managed Care Program - A medical provider network and case management service. The program serves to support and assist the injured worker through their medical treatment, recovery, and return to work.

POLICY

3.0 This procedure applies to all Montgomery County employees and volunteers.

GENERAL

4.0 After an injury, if an employee or volunteer chooses to participate in the Managed Care Program for treatment, the supervisor gives the employee/volunteer a Compensation Identification Card. In addition, the supervisor may pass on the names of the local physicians provided by the telereporting operator.

4.1 After an injury, if an employee chooses not to participate in the Managed Care Program for treatment, then the employee may select any physician to treat the injury. However, a non-participating employee receives full salary up to one year, instead of the eighteen-month period that is paid to participants in the Managed Care program. Further, the decision not to participate is irrevocable 15 days from the date of injury.

4.2 Photographs, if taken, of County vehicles or property involved in accidents should be forwarded to the Division of Risk Management along with the report package.

RESPONSIBILITIES

5.0 Employee or Volunteer

- A. Report all incidents involving **injuries or illnesses or** potential injuries or illnesses immediately to your supervisor. If your supervisor is not available, notify the designated person in charge.
- B. Report all Motor Vehicle and General Liability accidents involving bodily injury, property damage, or the potential for loss to your supervisor.
- C. If involved in an accident, do not make any statements at the scene of the accident regarding liability or fault. Inquire if there are injuries, but do not discuss the cause of the accident.

5.1 Supervisor

- A. Ensure that all forms **for accidents other than workers compensation** are completed and submitted to the Division of Risk Management **as soon as possible, but no later than two business** days from the date of incident.
- B. Promptly report an employee or volunteer injury or illness to the Montgomery County Claims Reporting Service at **1-888-606-2562**. The Montgomery County Claims Reporting Service is available 24 hours a day and seven days a week. Provide the information listed on the Employer's First Report of Injury form (See Appendix A) and the Supervisor's Incident

Investigation (SIIR) Report (See Appendix B). It is not required to fill out or mail these forms to Risk Management.

- C. If an employee or volunteer is involved in a motor vehicle accident in a County-owned vehicle, immediately notify the appropriate Police Department. Complete a Motor Vehicle Accident Notice/Liability Accident Notice form (See Appendix C). Submit this form, along with the State of Maryland Motor Vehicle Accident Report (MSP-1, See Appendix D), to the Division of Risk Management no later than **two business** days from the date of the incident. The Police Department, Department of Fire and Rescue Services (DFRS), and the Sheriff's Office are exempt from using the Motor Vehicle Accident Notice form. These departments will continue to use the motor vehicle accident forms set fourth in their respective procedures.
- D. If there is an injury to someone other than a County employee or volunteer, complete and submit to the Division of Risk Management the Motor Vehicle Accident Notice/ Liability Accident Notice form (See Appendix C) no later than **two business** days after the accident.
- E. Notify the Division of Risk Management in the event of a serious injury to an employee or serious damage caused by an accident. This notification must be made Monday through Friday, between 8:30 a.m. and 5:00 p.m. Even though the Division of Risk Management is notified by phone, the supervisor is still required to complete all applicable forms.
- F. If there is an accident and there is damage to County property other than motor vehicle, complete the Motor Vehicle Accident Notice/Liability Accident Notice form (See Appendix C). Submit this form to the Division of Risk Management no later than **two business** days after the accident.
- G. If there is an accident and there is damage to Non-Montgomery County property, complete and submit to the Division of Risk Management the Motor Vehicle Accident Notice/Liability Accident Notice form (See Appendix C) no later than **two business** days after the accident.
- H. If there is an accident and there is damage to a Fire Department/Corporation Assigned Vehicle/Apparatus, complete and submit to the current insurance carrier, the following two forms no later than **two business** days after the accident:
 - 1. Montgomery County Fire and Rescue Commission Motor Vehicle Accident Report (See Appendix E); and
 - 2. State of Maryland Motor Vehicle Accident Report (MSP-1).

- I. If a County vehicle is vandalized, complete and submit the following two forms to the Division of Risk Management no later than **two business** days after the vandalism:
 1. Motor Vehicle Accident Notice/Liability Accident Notice form (See Appendix C); and
 2. Crime Against Property/Incident Report (to be completed by the Police Department).

- J. If County property is vandalized, complete and submit the following two forms to the Division of Risk Management no later than **two business** days after the vandalism:
 1. Motor Vehicle Accident Notice/ Liability Accident Notice form (See Appendix C);
 2. Crime Against Property/Incident Report (to be completed by the Police Department).

PROCEDURE

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| 6.0 | Employee | Report all incidents, accidents, injuries, or hazardous material or biological exposure to your supervisor immediately. In addition, report any vehicle accidents, property damage, vandalism, or potential losses to your supervisor. |
| 6.1 | Supervisor | Report any work-related injury, illness, or hazardous material or biological exposure promptly by calling the 24-hour "hotline" at <u>1-888-606-2562</u> . |
| 6.2 | Managed Care Contractor | Obtain the necessary information from the supervisor, complete the State required Employer's First Report of Injury/Illness form, and the SIIR report, and mail or fax a copy of the report to the supervisor. |

NOTE: Copies of the report will be sent to the Claims Service Contractor, Division of Risk Management, and the Workers' Compensation Commission.

6.3 Supervisor After reporting any work-related injury or illness to the Managed Care Contractor, if applicable, complete all required documentation listed under Paragraphs 5.2 (C-J) of this administrative procedure. Submit the documentation to the Division of Risk Management.

When an injury is reported, ensure the injured employee receives the necessary care to stabilize the injury. If possible, ask the employee if he/she intends to utilize the Managed Care Program for treatment.

6.4 Supervisor Provide the appropriate information regarding the Managed Care Program to the employee listed under Paragraphs 4.0 and 4.1 under this administrative procedure.

APPENDICES

- A. Employer's First Report of Injury/Illness Form
- B. Supervisor's Incident Investigation Report
- C. Motor Vehicle Accident/Liability Accident Notice Form
- D. State of Maryland Motor Vehicle Accident Report
- E. Department of Fire and Rescue Commission Motor Vehicle Accident Report

DEPARTMENTS AFFECTED

7.0 All County Departments

